

Application - Registered Nurse

Name	STEPHANIE K SWANSON
Credential	Registered Nurse

Fee Details

Application Fee	\$65 00
Application Fee	\$23 00
	\$88.00

RN Online 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 professional Nurses. To apply for a Colorado professional Nurse License you must be able to supply the following information to the Division. If you cannot supply the necessary information referenced on the following screens then you may not proceed with your application.

For more information about the professional Nurse program please visit: www.dora.colorado.gov/professions/nursing

For a print out of required items for your application please [Click Here](#)

Important information before you proceed: Colorado has a mandatory Nurse Practice Act which means that no one may practice professional (RN) nursing without a Colorado license or temporary permit. There are two ways to become licensed, by Examination and by Endorsement.

- Examination You should apply for a license by examination if
 - You have completed a state approved professional nursing educational program and do not hold a license in another state or U.S. territory.
 - You were educated outside the U.S. or its territories, and are not licensed in another state or territory. However, you must first contact the [Commission on Graduates of Foreign Nursing Schools \(CGFNS\)](#) to request the credentials review titled *Professional Report*.

For information and helpful resources regarding NCLEX and nursing exams, visit the [National Council of State Boards of Nursing \(NCSBN\)](#) website.

- Endorsement: You may apply for licensure by endorsement if you are or have been licensed as a professional nurse in another state or U.S. territory.

RN Online Application - Application Checklist - Method

Online Application - Application Checklist

1 Are you attempting to apply for this license for the first time in Colorado, or are you attempting to Renew or Reinstate an existing Colorado license of this type?

Apply for a NEW License

2 Fees The fees for both Endorsement and Examination applications are listed below. Please note that fees are non refundable.

Check "yes" if you are prepared to pay for your application using a Credit Card (MasterCard, Visa, Discover or AMEX) or electronic check:

Endorsement \$43

Examination = \$88

Please note: There are examination fees charged by examination vendors that are not included in the above fee listing.

Yes

3 Select your License Method

Examination

GLOBAL Online Application - Foreign Trained

Online Application - Application Checklist

4. Foreign Trained Applicants: Are you foreign trained (received training for your profession outside of the United States)?

No

Nursing Online Application - Application Checklist - Foreign Trained if Yes

Online Application - Application Checklist

5 Applicants who are educated outside the United States and its territories must request the credential evaluation service review titled *Professional Report*. This report is submitted directly from CGFNS to the Board.

If you have yet to receive a review from CGFNS you must stop now before proceeding and contact them using the information provided above and obtain a review.

If necessary, foreign trained applicants must also submit proof of demonstrating English proficiency. Passing standards are outlined in Nursing Board Policy 10.05. To schedule the Test of English as a Foreign Language and order the English Language Proficiency Exam Report, go to www.cgfns.org/sections/programs/. Select the "About the English Language Proficiency Exam" link. Scores should be forwarded to the Commission on Graduates of Foreign Nursing Schools (CGFNS) for evaluation.

- For more information on ordering a review, visit the website at: www.cgfns.org; call (215) 349-8767; or write Commission on Graduates of Foreign Nursing Schools (CGFNS), 3600 Market Street, Suite 400, Philadelphia, Pennsylvania, 19104-2651, USA.

Have you ordered your *Professional Review* of credential review from CGFNS AND; if necessary, have you completed the English Proficiency exam? If you have not yet completed the above, you must stop now. You may not continue until the requirements are met.

Nursing Online Application - Application Checklist - Non-Traditional

Online Application - Application Checklist

6 Are you a graduate of a non traditional education program?

No

Nursing Online Application - Application Checklist - Non-Traditional if Yes

Online Application - Application Checklist

7. Graduates of non-traditional education programs who have completed the Student Permit application process: You must mail to the Division of Professions and Occupations, in its original sealed envelope, the completed Skills Checklist that was provided to you after completion of this course.

MAIL TO: Division of Professions and Occupations, Office of Licensing, 1560 Broadway, Suite 1350, Denver, CO 80202

Do you have your completed Skills Checklist, in its original sealed envelope and are you prepared to mail it to the address above after completing this online application? If you do not yet have the above, you must stop now. You may not continue until the requirement is met.

Nursing Online Application - Application Checklist - Transcript

Online Application - Application Checklist

8 You must provide evidence of having completed an approved nursing education program

- Graduates of traditional nursing programs: You must mail or have your school mail to the Division of Professions and Occupations Office of Licensing (1560 Broadway, Suite 1350, Denver, CO 80202) an official transcript, with the conferral date, in its official sealed envelope indicating your completion of a nursing program. NOTE: Failure to provide the transcript in a timely manner after online submission of your application could severely delay the processing of your application.

Are you prepared to mail your official transcript, with the conferral date in its original sealed envelope to the address above; or have you arranged for your school to do so?

Yes

Nursing Online Application - Application Checklist - NCLEX

Online Application - Application Checklist

9 You must register for the NCLEX Examination with Pearson VUE

You may register and pay the examination fee by visiting Pearson Vue's website at: www.pearsonvue.com/nclex;

You may be approved to take the NCLEX examination a maximum of 3 times within 3 years of the date you first took the NCLEX in any state, territory or foreign country. If you are unsuccessful in passing the NCLEX examination within this timeframe, reference Board Rule 3.9 at

www.dora.colorado.gov/professions/nursing.

If you have already registered or will register for the NCLEX after completion of this application, select "Yes" from the dropdown below:
Yes

RN Online Application - Examination - Other License/Registration Information - NCLEX

Online Application - Other License/Registration Information

10. Have you ever taken the RN NCLEX exam in any state, territory, or foreign country?

☐

RN Online Application - Examination - Other License/Registration Information - NCLEX if Yes

Online Application - Other License/Registration Information

11. Please list the States, territories, or foreign countries:

12. Please list the dates tested: (month/year)

13. Please list the number of times you have taken the test:

RN Online Application - Examination - Other License/Registration Information

Online Application - Other License/Registration Information

14. List **ALL** the healthcare licenses you hold or have held in any state or any other country in the grid below:

You are not required to answer Question #9 in the grid.

Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement(s)
Stephanie Kim Swanson	Colorado	Certified Nursing Assistant	00759858	Active	02/12/2014	01/31/2016	No	

15. Have you ever applied for any type of Colorado Health Care license prior to this application?
No

RN Online Application - Examination - Other License/Registration Information - Other App

Online Application - Other License/Registration Information

16. Please list the license types:

17. Please list the license numbers: (if applicable)

18. Please list the dates issued: (if applicable)

GLOBAL Online Application - ADA

Online Application - Application Checklist - Exam Accommodations

19. The Division of Professions and Occupations provides test accommodations to applicants with disabilities in accordance with the Americans with Disabilities Act of 1990 (ADA), including changes made by the ADA Amendments Act of 2008 (ADAAA). To download the Test Accommodations Request Form please [Click Here](#).

Are you requesting accommodations for the exam?
No

GLOBAL Online Application - ADA if Yes**Online Application - Application Checklist - Exam Accommodations**

20 If you are requesting exam accommodations, you must submit the Test Accommodations Request Form available in the previous question. If you have completed your Test Accommodations Request Form, click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.

21 Have you uploaded the Test Accommodations Request Form?

RN Online Application - Endorsement - Other License Information**Online Application - Other License Information**

22 List ALL healthcare license(s) in the grid below, including ALL professional nurse license(s) you hold or have held in any other state or country.

Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement(s)
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23 Have you ever applied for any type of Colorado Health Care license prior to this application?

RN Online Application - Endorsement - Other App**Online Application - Other License/Registration Information**

24. Please list the license types:

25. Please list the license numbers: (if applicable)

26. Please list the dates issued: (if applicable)

RN Online Application - Endorsement - Verification**Online Application - Application Checklist**

27 You must provide verification of your original license. Contact the state in which you received your original license by examination. Determine which type of verification is required and any required fees.

- If your original license is from a NURSEYS participating state, you must apply for NURSYS verification at: www.nursys.com. You can view a list of NURSYS participating states by [clicking here](#).
- For NURSYS non-participating states, you must print, complete and submit a Request for Verification of Original Nursing License form to the state office in which you are endorsing from. You can download this form by [clicking here](#).

It is the applicant's responsibility to complete the necessary steps for obtaining verification of licensure status from the state of original licensure.

Can you provide verification of your original license using one of the options above?

RN Online Application - Endorsement - Verification if Yes - Original License**Online Application - Application Checklist**

28. Enter the state in which your original RN license was issued:

29. Enter the date of exam taken for original license:

30. Enter the type of exam (i.e. NCLEX, State Exam, etc.):

31. Is this license current/active?

32. Have you practiced on this license or another professional nurse license in the past 2 years?

RN Online Application - Endorsement - Exam in Last Two Years**Online Application - Exam in Last Two Years**

[REDACTED]

RN Online Application - Endorsement - Verification Expired**Online Application - Application Checklist**

34 If you have not practiced as a professional nurse for two years or longer, you must demonstrate competency to practice and may be required to complete an approved refresher course Complete the Competency to Practice forms, which can be downloaded [Here](#)

Have you completed the Competency to Practice forms or will you do so upon submitting this application?

NURSING Online Application - Endorsement - Competency to Practice Forms**Online Application - Continued Competency**

35 If you have the completed Competency to Practice forms, you must supply the forms to the Division 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 have yet to complete a refresher course and submit your Competency to Practice forms, please be aware that your application cannot be fully processed until this is received. You may send your forms to the Office of Licensing (1560 Broadway, Suite 1350, Denver, CO 80202) upon completion.

RN Online Application - Education Information**Online Application - Education Information**

Please enter your education information in the fields provided below

36 Name of Professional Nursing Program Attended (Do not abbreviate)
University of Colorado Colorado Springs Beth El Nursing

37 Program City
Colorado Springs

38 Program State/Province
CO

39 Program Country
United States

40 Date of Graduation
05/15/2015

41 Type of Degree/Diploma Granted
Bachelor of Science Nursing

42 Is the program approved by a State Board of Nursing?
Yes

RN Online Application - Education Information Approved**Online Application - Education Information**

43 Please enter the name of the Board and State that has approved the program
Colorado State Board of Nursing

GLOBAL Online Application - HPPP

Online Application - Application Checklist

Complete a Healthcare Professions Profile: **AFTER** you have submitted this online application you will need to create and submit a Healthcare Professions Profile on our website at: www.dora.colorado.gov/professions/hppp. You will not be able to access the site until 24 hours after you submit your online application. If you have difficulty accessing the site after 24 hours, or 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 or (303) 894-5942. Your application is not considered complete, and a license will not be issued until you have submitted the online profile.

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.*

44 Please enter your Full Legal Name
Stephanie Kim Swanson

Affidavit of Eligibility - Section A

Section A: LAWFUL PRESENCE in the United States

45. 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

46 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

47. Select one of the following Government Issued Identification:
Driver's license or permit

48. Enter the name of State or Federal Agency that issued the identification:
Colorado

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

50. Enter the State/Federal government issued license/ID number:
[REDACTED]

51. Enter the expiration date of the license/ID:
10/30/2017

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

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

53 Do you have a Valid I 766 (Employment Identification Card)?

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

54 Enter the issuing Federal Agency

55 Enter the name as listed on the card

56 Enter the Alien number (A#)

57 Enter the card number

58 Enter the Valid From Date

59 Enter the Expiration Date

60 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**

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

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

62 Enter the issuing Federal Agency

63 Enter the name as listed on the card

64 Enter the Alien Number (A#)

65. Enter the country of birth:

66. Enter the card expiration date:

67. Enter the Residence Since date:

68. 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

69. 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**Section B: SECURE AND VERIFIABLE DOCUMENTS**

70 Enter the issuing foreign country

71 Enter the Passport Number

72 Enter the Visa Number

73 Enter the Visa Class (Examples J 1, P 1 H 1B, etc)

74 Enter the Date of Entry

75 Enter the Until Date

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

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

78. Enter the issuing foreign country:

79. Enter the Passport Number:

80. 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

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

Stephanie Kim Swanson

82. Please enter today's date below:

06/15/2015

GLOBAL Online Application - Applicant Information

Online Application - Applicant Information

83 Social Security Number* DO NOT include dashes () only the numeric value

[REDACTED]

*Social Security Number Disclosure Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

84 First Name

STEPHANIE

85 Middle Name or Initial

K

86 Last Name

SWANSON

87 Suffix

88 Previous Names

Previous Name	From Month	From Year	To Month	To Year	Reason(s) for Change	Documentation
Stephanie Kim Brigham	August	1997	November	1999	Divorce	
Stephanie Kim Rocha	October	1977	January	2002	Married	

89 Gender

Female

90 Date of Birth

[REDACTED]

91 Birth City

Fresno

92 Birth State

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

California

93. Birth Country:

United States

GLOBAL Online Application - Military

Online Application - Military Questions

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

GLOBAL Online Application - Military if Yes**Online Application - Military Questions**

95 Military Branch

96 Duty Station

GLOBAL Online Application - Military Veteran**Online Application - Military Questions**

97 Are you a Veteran of the U S Military?
No

GLOBAL Online Application - Military Veteran if Yes**Online Application - Military Questions**

98. What was the date of your discharge from the U.S. Military

GLOBAL Online Application - Military Spouse**Online Application - Military Questions**

99 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

GLOBAL Online Application - Military Spouse Current**Online Application - Military Questions**

100 For certain professions, military spouses who have been relocated to Colorado by military orders and are credentialed in another state are not required to obtain a Colorado license during their first year of residence so long as they meet the requirements provided in §12-71-102, C.R.S. Documentation is not provided to Department of Regulatory Agencies during that one year period. Upon application for Colorado licensure, these individuals must notify the Division of the date on which practice began in Colorado, and provide the name and contact information of any person employing the individual to practice in Colorado by completing the Military Spouse Exemption information

[Click here](#) to learn more about House Bill 12-1059.

Are you currently practicing in Colorado under this act?

GLOBAL Online Application - Military Spouse if Yes**Online Application - Military Questions**

Colorado House Bill 12-1059 provides that spouses of military personnel are not required to obtain a Colorado credential during their first year of Colorado residency, so long as the spouse is authorized to practice in another state, and otherwise meets the requirements of 12-71-102, et. Seq. It is recommended that you begin the Colorado application process as soon as possible if you intend to remain in Colorado longer than one (1) year to avoid any gaps in employment. You must maintain an active credential in good standing from your current state during the one (1) year exemption period, or apply for a Colorado credential.

You may submit the necessary information by answering the questions below

101. Profession:

102. Credential Type:

Please answer the questions below regarding your current active state of licensure:

103. State/County:

104. Credential Number:

105. Date Issued:

Please answer the questions below regarding your current employer:

106. Name of Current Employer:

107. Date began residing in Colorado:

108. Employer Street Address:

109. Employer City:

110. Employer State:

111. Employer Zip Code:

112. Employer Phone Number:

GLOBAL Online Application - Screening Questions

Online Application - Screening Questions

You will need to answer the screening questions on the following screens. For each "YES" response to the screening questions you must provide the following:

- 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 submit an electronic copy of the necessary documents.

NURSING Online Application - Screening Questions - Denied/Revoked

Online Application - Screening Questions

113. Has any nursing or other healthcare license held by you been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited, or placed on probation in any state or in any territory of the United States?

No

NURSING Online Application - Screening Questions - Denied/Revoked if Yes

Online Application - Screening Questions

114 Provide an explanation of your behavior or practice that led to the denial, revocation, suspension, reprimand, fine, surrender, restriction, limitation or probation on your nursing or other healthcare professional license which you have held below

115 Provide the date(s) of the event(s)/offense(s)

116 Provide a description of the event(s)/offense(s)

117 Provide the location(s)/court(s)

118 Provide the current status/outcome of the event(s)/offense(s)

119 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

NURSING Online Application - Screening Questions - Investigation

Online Application - Screening Questions

120 Are you under investigation or is a disciplinary action pending against your nursing license, registration, or certificate or other healthcare license in any state or territory of the United States?

No

NURSING Online Application - Screening Questions - Investigation if Yes

Online Application - Screening Questions

121. Provide an explanation of your behavior or practice that led to the investigation or pending disciplinary action against your nursing license, registration, or certificate or other healthcare license below:

122. Provide the date(s) of the event(s)/offense(s):

123. Provide a description of the event(s)/offense(s):

124. Provide the location(s)/court(s):

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

126. 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.

NURSING Online Application - Screening Questions - Excluded Medicare

Online Application - Screening Questions

127 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 healthcare programs?

No

NURSING Online Application - Screening Questions - Excluded Medicare if Yes**Online Application - Screening Questions**

128 Provide an explanation of your behavior or practice that led to the exclusion from participation in Medicare, Medicaid or any federal healthcare program below

129 Provide the date(s) of the event(s)/offense(s)

130 Provide a description of the event(s)/offense(s)

131 Provide the location(s)/court(s)

132 Provide the current status/outcome of the event(s)/offense(s)

133 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

NURSING Online Application - Screening Questions - Felony**Online Application - Screening Questions**

134 Have you been convicted, entered a plea of guilty, nolo contendere, or no contest for any felony?
No

NURSING Online Application - Screening Questions - Felony if Yes**Online Application - Screening Questions**

135. Provide an explanation of your behavior or practice that led to the felony below:

136. Provide the date(s) of the event(s)/offense(s):

137. Provide a description of the event(s)/offense(s):

138. Provide the location(s)/court(s):

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

140. 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.

NURSING Online Application - Screening Questions - Misdemeanor**Online Application - Screening Questions**

141 Have you been convicted, entered a plea of guilty, nolo contendere, or no contest for any misdemeanor or petty offense?
No

NURSING Online Application - Screening Questions - Misdemeanor if Yes

Online Application - Screening Questions

- 142 Provide an explanation of your behavior or practice that led to the misdemeanor or petty offense below
- 143 Provide the date(s) of the event(s)/offense(s)
- 144 Provide a description of the event(s)/offense(s)
- 145 Provide the location(s)/court(s)
- 146 Provide the current status/outcome of the event(s)/offense(s)
- 147 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

NURSING Online Application - Screening Questions - Drugs/Alcohol Traffic Offense**Online Application - Screening Questions**

- 148 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?
- No

NURSING Online Application - Screening Questions - Drugs/Alcohol Traffic Offense if Yes**Online Application - Screening Questions**

149. Provide an explanation of your behavior or practice that led to the criminal motor vehicle or any other traffic offense involving drugs or alcohol below:
150. Provide the date(s) of the event(s)/offense(s):
151. Provide a description of the event(s)/offense(s):
152. Provide the location(s)/court(s):
153. Provide the current status/outcome of the event(s)/offense(s):
154. 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.

NURSING Online Application - Screening Questions - Drugs/Alcohol Other Offense**Online Application - Screening Questions**

- 155 Have you been arrested for an alcohol or drug related offense other than a motor vehicle offense or another traffic offense stated in the previous question?
- No

NURSING Online Application - Screening Questions - Drugs/Alcohol Other Offense if Yes**Online Application - Screening Questions**

156. Provide an explanation of your behavior or practice that led to the arrest for any alcohol or drug-related offense other than motor vehicle offenses or other traffic offenses below:

157. Provide the date(s) of the event(s)/offense(s):

158. Provide a description of the event(s)/offense(s):

159. Provide the location(s)/court(s):

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

161. 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.

NURSING Online Application - Screening Questions - Judgment

Online Application - Screening Questions

162 Has any final judgment, settlement or arbitration award for malpractice been paid by you or on your behalf?

No

NURSING Online Application - Screening Questions - Judgment if Yes

Online Application - Screening Questions

Please describe the judgment(s), settlement(s) or arbitration award(s) for malpractice paid by you or on your behalf below

163 Provide the date(s) of the event(s)/offense(s)

164 Provide a description of the event(s)/offense(s)

165 Provide the location(s)/court(s)

166 Provide the current status/outcome of the event(s)/offense(s)

167 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

NURSING Online Application - Screening Questions - Terminated

Online Application - Screening Questions

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



NURSING Online Application - Screening Questions - Terminated if Yes

Online Application - Screening Questions

169. Provide an explanation of your behavior or practice that led to the termination or resignation in lieu of termination because of use of alcohol or use of controlled substance, habit-forming drug, prescription medication or drugs having similar effects below:

170. Provide the date(s) of the event(s)/offense(s):

171. Provide a description of the event(s)/offense(s):

172. Provide the location(s)/court(s):

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

174. 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.

GLOBAL Online Application - Screening Questions - Condition

Online Application - Screening Questions

175 In the last five 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?



GLOBAL Online Application - Screening Questions - Condition if Yes

Online Application - Screening Questions

176 Provide an explanation of the condition that you have been diagnosed with or treated for within the last 5 years below

177 Provide the date(s) of the event(s)/offense(s)

178 Provide a description of the event(s)/offense(s)

179 Provide the location(s)/court(s)

180 Provide the current status/outcome of the event(s)/offense(s)

181 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

GLOBAL Online Application - Screening Questions - Drug/Alcohol

Online Application - Screening Questions

182. Do you now abuse or excessively use, or have you in the last five 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?



GLOBAL Online Application - Screening Questions - Drug/Alcohol if Yes

Online Application - Screening Questions

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

184 Provide the date(s) of the event(s)/offense(s)

185 Provide a description of the event(s)/offense(s)

186 Provide the location(s)/court(s)

187 Provide the current status/outcome of the event(s)/offense(s)

188 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.

RN Online Application - Endorsement - Temp License

Online Application - Application Checklist

189. Are you requesting a temporary license to allow practice until your permanent license is issued? *Temporary Registered Nurse licenses are valid for four (4) months from the date of issue and will not be renewed or extended*
No

NURSING Online 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. (Statutory basis: Articles 2E, 4C, and 4D)

Based on the information above, please select from the drop down the state that you declare as your primary state of residence.

You will be able to complete your Primary State of Residence Declaration on the following page. Click "Next" to continue.

NURSING Online Application Primary State of Residence

Primary State of Residence Designation

Enter your Primary State of Residence and Compact Licensure Information in the grid below. To view a list of compact states, [Click Here](#)

190 Add/Update your Nurse Licensure Compact Information

Primary State of Residence	Military/Federal Designation	States of Practice
Colorado	Yes	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.

191 Street Address
2125 Roundtop Drive

192 City
Colorado Springs

193. State:
Colorado

194. Zip:
80918

NURSING Online Application - PSOR - Other Compact State

Primary State of Residence Designation

195 Is your primary state of residence currently in another compact state and are you in the process of moving to Colorado? *By checking "Yes" you understand that in order to complete the licensure process, you must provide proof of Colorado residency and a physical address after establishing Colorado residency*

No

GLOBAL Online Application - Attestation

Online Application - Attestation

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

196 By entering your full legal name below you attest that you have read and understand the above information
Stephanie Kim Swanson

197 Please enter today's date below
06/15/2015

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

Application - Certified Nurse Midwife - APN

Name	STEPHANIE K SWANSON
Credential	Certified Nurse Midwife APN

Fee Details

CNM Advanced Practice Registry	\$120.00
	\$120.00

APN - CNM_CRNA 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 Certified Nurse Midwife (CNM) or Certified Registered Nurse Anesthetist (CRNA), 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.

Please review the [Application Checklist](#) 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 - CNM Application - Method

Online Application - Application Checklist

1. Select Original below:
Original

APN - CNM_CRNA Application - CO RN License

Online Application - Application Checklist

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

APN Application - Certification and Qualifications

Online Application - Certification & Qualifications

3. 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.



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

4. 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

6 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.

7. 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.

8. Street Address:

2125 Roundtop Drive

9. City:

Colorado Springs

10. State:

Colorado

11. Zip:

80918

GLOBAL Application - Attestation

Online Application - Attestation

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

12. By entering your full legal name below you attest that you have read and understand the above information.
Stephanie Kim Swanson

13. Please enter today's date:
12/30/2020

Review

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

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

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

Application - Certified Nurse Midwife - RXN

Name Stephanie K Swanson
 Credential Certified Nurse Midwife RXN

Fee Details

CNM Prescriptive Authority	\$240.00
	\$240.00

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 750 hours of documented prescribing experience in another state

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

GLOBAL Application - Applicant Information**Online Application - Applicant Information**

- 2 First Name
Stephanie
- 3 Middle Name or Initial
K
- 4 Last Name
Swanson
- 5 Suffix
- 6 Previous Names

Previous Name	From Month	From Year	To Month	To Year	Reason(s) for Change	Documentation
Stephanie Kim Rocha	October	1977	January	2002	Married	

Stephanie Kim Brigham	August	1997	November	1999	Divorce	
-----------------------	--------	------	----------	------	---------	--

7. Gender:

Female

8. Date of Birth:

9. Birth City:

Fresno

10. Birth State:

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

California

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 - CNM Application - Method

Online Application - Application Checklist

31. Select your method:

Original

RXN Application - Colorado Mentorship

Online Application - Colorado Mentorship

33. 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)**

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

No

RXN Application - RN**Online Application - RN**

38 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**

41. 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**

42 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**

45 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 - CNM_CRNA Application - Certification**Online Application - National Certification**

46. 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.

stephanie [REDACTED]

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

RXN Application - Transcripts/Course Descriptions

Online Application - Transcripts/Course Descriptions

47 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

48 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.

49. 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.

50. Street Address:
2125 Roundtop Drive

51. City:
Colorado Springs

52. State:
Colorado

53. Zip:

RXN Application - Professional Liability Insurance

Online Application - Professional Liability Insurance

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

Yes

GLOBAL Application - Attestation

Online Application - Attestation

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

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

Stephanie Kim Swanson

56 Please enter today's date

10/11/2021

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

If you are a certificant and you want to check on your current Certificate Maintenance Program (CMP) requirements (Modules you have completed, continuing education submitted, etc.), please click **"Contact Hours & Requirements"**. If you want to submit new Modules, please click **"Complete Modules"**.

Name: Stephanie Swanson, CNM

Certification Date: 12/09/2020

Expiration Date: 12/31/2025

Individual Profile	Contact Hours & Requirements
Complete Modules	Invoices / Payments
Order Article Sets & Replacement Certificates	Purchase Verification Letters
Receipts	E-mail Preferences
Change Password and Secret Question	 Log Off

Renewal - APN.0996228-CNM

Name	Stephanie K Swanson
Credential	APN 0996228 CNM

Fee Details

CNM Portal Fee	\$2 00
CNM Renewal Fee Active APN	\$15 00
	\$17.00

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.0996228-CNM

Name	Stephanie K Swanson
Credential	APN 0996228 CNM

Fee Details

CNM Portal Fee	\$2 00
	\$2.00

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

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.1634635

Name STEPHANIE K SWANSON
 Credential RN 1634635

Fee Details

RN Legal Defense Fund	\$2 00
RN Portal Fee	\$1 50
RN Renewal Fee Active	\$139 50
RN Peer Fee	\$23 00
	\$166.00

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 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	Colorado

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 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 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

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 offense 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

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
4050 Briargate Parkway	Colorado Springs	Colorado	80920	(719) 364 5000

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*

2015

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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Uchealth	4050 Briargate Parkway	Colorado Springs	Colorado	80918	(719) 364 5000
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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

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

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

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

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

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

Optional Narrative

74 Optional Narrative

HPPP GLOBAL - Attestation

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

09/02/2017

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.1634635

Name	STEPHANIE K SWANSON
Credential	RN 1634635

Fee Details

RN Legal Defense Fund	\$2 00
RN Portal Fee	\$2 00
RN Renewal Fee Active	\$79 00
RN Peer Fee	\$40 00
	\$123.00

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

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 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 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 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
4050 Briargate Parkway	Colorado Springs	Colorado	80920	(719) 364-5000

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*

2015

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?

No

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
Uchealth	4050 Briargate Parkway	Colorado Springs	Colorado	80918	(719) 364 5000

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

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

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

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

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

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

Healthcare Profile - Optional Narrative**Healthcare Professions Profile | Optional Narrative**

121. Optional Narrative:

Healthcare Profile - Attestation**Healthcare Professions Profile | Attestation**

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

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

122. Submission Date:
09/14/2019

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.1634635

Name	Stephanie K Swanson
Credential	RN 1634635

Fee Details

RN Legal Defense Fund	\$2 00
RN Portal Fee	\$2 00
RN Renewal Fee Active	\$95 00
RN Peer Fee	\$40 00
	\$139.00

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 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 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 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
4050 Briargate Parkway	Colorado Springs	Colorado	80920	(719) 364-5000

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*
2020

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?
No

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
Uchealth	4050 Briargate Parkway	Colorado Springs	Colorado	80918	(719) 364-5000

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

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

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

Healthcare Professions Profile | Optional Narrative

- 25 Optional Narrative

Healthcare Profile - Attestation

Healthcare Professions Profile | Attestation

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

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

26. Submission Date:
09/20/2021

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.1634635

Name	Stephanie K Swanson
Credential	RN 1634635

Fee Details

RN Legal Defense Fund	\$2 00
RN Peer Fee	\$40 00
RN Portal Fee	\$2 00
	\$44.00

NURSING Renewal Primary State of Residence Reminder

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

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PN_RN Renewal Reminders

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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 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.

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- 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
7155 E 38th Ave	Denver	Colorado	80207	(303) 321-7586

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*

2020

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?
No

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
Planned Parenthood of the Rocky Mountains	7155 E 38th Ave	Denver	Colorado	80207	(303) 321-7586

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**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**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**Healthcare Professions Profile | Optional Narrative**

- 25 Optional Narrative

Healthcare Profile - Attestation**Healthcare Professions Profile | Attestation**

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

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

26. Submission Date:
09/14/2023

Review

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

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

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

CREDENTIAL STATUS HISTORY SUMMARY

Name: Stephanie K Swanson

License: Certified Nurse Aide NA 00759858

License Status: Expired

License Status Reason: EXPIRED

First Issuance date: 02/12/2014

License expiration date: 01/31/2016

Date: 2/28/2024

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

Status	Reason	Date Changed	User
Expired	EXPIRED	04/07/2016	Automated
Active in Renewal	ACTIVE	12/23/2015	Automated
Active	CURRENT	02/12/2014	Automated
Active in Renewal	ACTIVE	12/22/2015	Automated
Active	CURRENT	02/12/2014	Automated
Approved	READY TO PRINT		New License

CREDENTIAL STATUS HISTORY SUMMARY**Name:** Stephanie K Swanson**Date:** 2/28/2024**License:** Registered Nurse RN 1634635**License Status:** Active**License Status Reason:** CURRENT**First Issuance date:** 07/20/2015**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	09/14/2023	Automated
Active in Renewal	ACTIVE	08/30/2023	Automated
Active	CURRENT	09/20/2021	Automated
Active in Renewal	ACTIVE	08/24/2021	Automated
Active	CURRENT	09/14/2019	Automated
Active in Renewal	ACTIVE	08/27/2019	Automated
Active	CURRENT	09/02/2017	Automated
Active in Renewal	ACTIVE	08/24/2017	Automated
Active	CURRENT	07/21/2015	Automated
Approved	READY TO PRINT	07/20/2015	Automated
Pending	QUALITY ASSURANCE	07/19/2015	Automated
Pending	INTERNAL CONTROL APPROVAL	07/15/2015	Automated
Pending	PENDING EXAM(S)	07/08/2015	Automated
Application Incomplete	APPLICATION INCOMPLETE	07/08/2015	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

CREDENTIAL STATUS HISTORY SUMMARY

Name: Stephanie K Swanson

License: Certified Nurse Midwife RXN RXN 0106102 CNM

License Status: Active Provisional

License Status Reason: ACTIVE PROVISIONAL

First Issuance date: 10/29/2021

License expiration date: 10/28/2024

Date: 2/28/2024

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

Status	Reason	Date Changed	User
Active Provisional	ACTIVE PROVISIONAL	10/29/2021	Automated
Pending Supervisor Review	PENDING SUPERVISOR REVIEW	10/29/2021	Automated
Pending Specialist Secondary Review	PENDING SPECIALIST SECONDARY REVIEW	10/29/2021	Automated
Application Incomplete	APPLICATION INCOMPLETE	10/18/2021	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

CREDENTIAL STATUS HISTORY SUMMARY

Name: Stephanie K Swanson

License: Certified Nurse Midwife APN APN 0996228 CNM

License Status: Active

License Status Reason: CURRENT

First Issuance date: 02/02/2021

License expiration date: 09/30/2025

Date: 2/28/2024

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

Status	Reason	Date Changed	User
Active	CURRENT	09/14/2023	Automated
Active in Renewal	ACTIVE	08/31/2023	Automated
Active	CURRENT	09/20/2021	Automated
Active in Renewal	ACTIVE	08/24/2021	Automated
Active	CURRENT	02/02/2021	Automated
Pending	QUALITY ASSURANCE	02/02/2021	Automated
Pending	INTERNAL CONTROL APPROVAL	02/02/2021	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

