

Website: www.nevadanursingboard.org; Toll Free Phone Number: (888) 590-6726; Email:
nursingboard@nsbn.state.nv.us

To practice as nurse/CNA in Nevada, you must hold an active Nevada license/certificate.

Registered Nurse/License Practical Nurse by Endorsement Requirements

You must submit items 1-4

If you are licensed/certified in another state, you must apply for a license/certificate by endorsement.

If you are a new graduate (not licensed/certified in another state) you must apply for a license/certificate by exam.

1. A completed application submitted via the Nevada Nurse Portal, including a fee of \$90 (LPN) \$100 (RN) (MasterCard™, Visa™, Discover™, or American Express™ debit or credit card). Fees are not refundable.
2. A copy of evidence of graduation from your nursing education program.

All graduates of nursing programs in the United States:

You must submit a copy of your diploma or a copy of an official transcript issued directly from the registrar to the student or to the Board. You must have graduated from a nursing program that has been accredited by a nationally recognized association authorized by law to accredit schools of nursing and have been awarded a degree/diploma in nursing to qualify for licensure in Nevada. **The transcript or diploma must have your degree posted and graduation date.** You may upload a copy of your official transcripts or diploma with your application, attached to a message in your message center, send them to the address above or email electronic transcripts to nursingboard@nsbn.state.nv.us. *Please do not submit a copy of unofficial transcripts.*

All graduates of international nursing programs:

- i. You must submit a copy of your transcript, which must indicate a nursing degree and graduation date. You must include a copy of the related learning experience (RLE) report, if applicable. (The Board will notify you if you will also be required to complete the CGFNS/CES Professional Report, IERF Nursing Licensure Evaluation Report or Josef Silny and Associates, Inc., International Education Consultants evaluation for the state of Nevada).
- ii. If you have been a licensed nurse in the United States less than five (5) years prior to submission of your application to Nevada, you are required to successfully pass one of the following English proficiency examinations:
 - a. The Internet-based (IBT) TOEFL minimum score of 84, with a minimum of 26 in spoken English;

- b. Pearson Test of English Academic (PTE) with a minimum score of 55 and no individual section below 50 (you must provide the Board with your Score Report Code or Registration ID);
- c. The International English Language Testing System (IELTS) Academic with a minimum passing score of 6.5 overall and a 6.0 in any one module; or
- d. Provide documentation of successful completion of an English proficiency exam accepted by another US board of nursing that was used to obtain a license in that state.

Detailed information regarding completing an evaluation or English exam can be found in the Requirements for International Applicants form on our website under the Forms tab.

**3. Official verification (or endorsement) from your original state of licensure by examination.
Accomplish this by:**

- i. If your original state of licensure by examination is enrolled in Nursys, the National Council of State Boards of Nursing Nursys Verification database, you **MUST** visit www.nursys.com to submit a Nurse License Verification for Endorsement request. *Note: Printing a QuickConfirm License Verification will not satisfy this requirement, you must complete a Nurse License Verification for Endorsement request.*
- ii. If your original state of licensure by examination does not participate in Nursys (CA-LPN, PA), you must send the NSBN Endorsement Form to your original state of licensure by examination with their appropriate fee. This form can be found under the “forms” tab online. Please contact your original state for additional instructions.
- iii. Completed fingerprint card OR electronic fingerprint submission. Electronic fingerprint submission is only available if you are in Nevada - see separate instructions and submission form on our website under the Forms tab. If you have completed fingerprints for the Nevada State Board of Nursing within the previous six months you are not required to submit fingerprints again. *Note: A permanent license will not be issued until the Board receives fingerprint reports from the Nevada Department of Public Safety and the Federal Bureau of Investigation, and any issues have been resolved. Due to various factors, it may take up to four (4) months for the Board to receive the official fingerprint results from the Department of Public Safety and FBI; therefore, you are strongly encouraged to fingerprint immediately.*

GENERAL INFORMATION

- You may not send any documents to the Board before you have created your Nevada Nurse Portal account.
- You must have a valid US social security number or individual taxpayer ID number to qualify for certification or licensure in Nevada.

- Your application for licensure is valid for one year from the date received by the Board. It is your responsibility to follow up with the Board to determine the ongoing status of your application.
- Nurses must have practiced nursing within the previous five years to qualify for licensure. If you have not practiced nursing within the immediately preceding five years you will be required to complete a refresher program or retake and pass the NCLEX before you will be eligible for licensure.
- If you wish to have a third-party act upon your behalf for licensure purposes, you must submit a signed and notarized Third Party Authorization form which can be found on our website under the Forms tab.
- Applications and documents are processed in approximately one week. You can review the status of your application by logging into your nurse portal account and clicking on "view status." You must allow at least one week before contacting the board regarding the status of your application or any document submission.
- The address furnished on this application will become your address of record.
- You must notify the Board within 30 days of any change in your address of record. Address changes are completed in your Nevada Nurse Portal account under "manage profile."
- Once you've submitted your initial application Board staff will determine if you are eligible for a one-time temporary license. Temporary licenses are issued as a courtesy and are valid for six-months. A temporary license may not be extended or reissued. Please allow approximately one week for your application to be processed, then you may check your nurse portal account for updates regarding the status of your application and temporary license.
- Nevada does not issue hard card licenses. No license card will be mailed to you. You may print out a paper copy of your Nevada nursing license from the Board's website www.nevadanursingboard.org.
- You will not receive notice of licensure expiration dates or licensure renewal dates from the Board. You are responsible for knowing and tracking your licensure expiration date.
- Once your permanent license has been issued, you are strongly encouraged to register with Nursys eNotify. This is a free of charge innovative nurse licensure notification system where you receive real-time notifications about your nursing license status. The system provides automated notice of licensure status and publicly available discipline data directly to you. Information contained on the e- Notify system is considered primary source equivalent. e-Notify may be access via Board's website or directly through www.nursys.com

License Application Type

License Type: RN
Application Type: RN Endorsement Application
Please select the license type you are endorsing in: RN

Please indicate the Jurisdiction: NEW YORK
Country: UNITED STATES
Please indicate the license number: 673868

General Information

Demographic Information

Salutation:
Full Legal Name Required: ISABEL WASHBURN

Other Names Used

Full Legal Name Required: Anne Elizabeth Van Brunt Washburn

For Statistical Purposes Only

What is your Gender? (For Statistical Purposes Only, Optional):

What is your Race? (Please select ALL that apply - For Statistical Purposes Only, Optional):

Are you of Hispanic or Latino origin?



Contact Information



Mailing Address



Phone Number(s)

Cell:



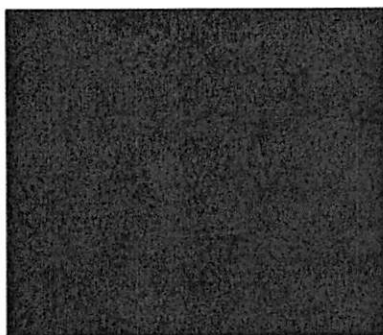
1 To which gender identity do you most identify?

Response:



2 Which of the following best describes you?

Response:



Education History

To edit your education please send a message to the board via the message center and include a copy of your diploma or transcripts so we can make the appropriate corrections.

Nursing Education

Program Type:

RN

Program Name:

COLUMBIA UNIVERSITY - BS

Program Address:

630 West 168th Street New York NY 10032

—

Degree Obtained:	Baccalaureate Degree-Nursing
Education Status:	Graduated
Graduation date:	05/22/2013
Supporting Documentation:	Washburn Transcript

☒ I affirm (swear) that the education that I have entered is true and correct.

Eligibility Questions

1 Have you ever been denied a nursing license (for reasons other than failure to pass State Board Exam/NCLEX)?

If yes, you must submit the following:

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

The required documents can be submitted via upload option below, you can send them using Message Center or you can mail them to the Nevada board of Nursing.

Response: No

Available response options:

'Yes', 'No'

2 Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?

If Yes, you must submit the following:

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

The required documents can be submitted via upload option below, you can send them using Message Center or you can mail them to the Nevada board of Nursing.

Response: No

Available response options:

'Yes', 'No'

—

3 Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?

If yes, you must submit the following:

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

The required documents can be submitted via upload option below, you can send them using Message Center or you can mail them to the Nevada board of Nursing.

Response: No

Available response options:

'Yes', 'No'

4 Are you currently a participant in an alternative to discipline, diversion, monitoring, or a peer assistance program (this includes all confidential programs)?

If yes, you must submit the following

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

Note - This question applies to individuals enrolled in a program or a participant, this does not apply to worksite monitors or support group leaders.

*Pursuant to Nevada Revised Statutes information regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, chemical dependency, including diagnosis and treatment, and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under NRS 632.405.

Response: No

Available response options:

'Yes', 'No'

5 Have you ever had any regulatory authority (other than nursing) in any state, jurisdiction, country, or province revoke, annul, cancel, accept surrender of, suspend, place on probation, refuse to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held?

If yes, you must submit the following:

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

The required documents can be submitted via upload option below, you can send them using Message Center or you can mail them to the Nevada board of Nursing.

Response: No

Available response options:

'Yes', 'No'

6 Have you ever been convicted of a misdemeanor or felony, or have you ever entered a plea of guilty, nolo contendere, or no contest to a misdemeanor or felony?

If yes, you must submit the following:

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

The required documents can be submitted via upload option below, you can send them using Message Center or you can mail them to the Nevada board of Nursing.

NOTE: Expunged and Sealed Offenses: While the legal requirement to disclose criminal offenses, tickets or citations may go away when those offenses are expunged or sealed, it is your responsibility to ensure the offense, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

*Pursuant to Nevada Revised Statutes information regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, chemical dependency, including diagnosis and treatment, and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under NRS 632.405.

Response: No

Available response options:

'Yes', 'No'

7 Do you have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner?

If yes, you must submit the following:

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

The required documents can be submitted via upload option below, you can send them using Message Center or you can mail them to the Nevada board of Nursing.

*Pursuant to Nevada Revised Statutes information regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, chemical dependency, including diagnosis and treatment, and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under NRS 632.405.

Response: No

Available response options:

'Yes', 'No'

8 Have you ever had a malpractice judgment or settlement entered against you, or do you have any pending malpractice suits or claims filed against you?

If yes, you must submit the following:

1. A detailed explanation regarding the basis for your yes answer; and

—

2. Copies of documents regarding the basis for your yes answer

The required documents can be submitted via upload option below, you can send them using Message Center or you can mail them to the Nevada board of Nursing.

NOTE: Expunged and Sealed Offenses: While the legal requirement to disclose criminal offenses, tickets or citations may go away when those offenses are expunged or sealed, it is your responsibility to ensure the offense, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

Response: No

Available response options:

'Yes', 'No'

9 I am an active United States military member, a United States military veteran OR I am the spouse of an active United States military member or surviving spouse of a veteran.

If selected "I am an active United States military member or a United States military veteran" or "I am the spouse of an active United States military member, veteran or surviving spouse of a veteran", you must submit a copy of your/your spouse's military issued DD214, military identification, or other official documentation proving your military status in order to qualify for the 50% reduced application fee. If you are using your spouse's ID and your last names do not match you must also submit a copy of your marriage certificate.

Response: No

Available response options:

'I am an active United States military member or a United States military veteran', 'I am the spouse of an active United States military member, veteran or surviving spouse of a veteran', 'No'

10 Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?

Response: No

Available response options:

'Yes', 'No'

11 Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?

Response: No

Available response options:

'Yes', 'No'

12 Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?

Response: No

Available response options:

'Yes', 'No'

13 My original state of licensure is in CA-LPN, LA-LPN, MI, PA.

If yes, your board of nursing does NOT participate in Nursys license verification and you must submit a request for license verification/endorsement to your original board of nursing for processing. Please contact your original state for instructions regarding completing this process. If your state requires a Nevada form to complete this request, you may download our endorsement form here: [RNLPN-Endorsement-Form.pdf](#).

Response: No

Available response options:

'Yes', 'No'

14 I swear (affirm) that I have practiced nursing OR passed the NCLEX within the previous five years from the date this application is submitted

Response: Yes

Available response options:

'Yes', 'No'

15 Provide the date you last practiced nursing (MM/DD/YYYY). If you have not practiced as a nurse please provide the date you passed the NCLEX (MM/DD/YYYY).

Response: 01/18/2024

16 For the date provided in question 15, please provide the State or if outside of the United States please list the Country where your practiced occurred. If you are using your exam date please provide the state that authorized your NCLEX examination.

Response: New Mexico

17 I affirm (swear) that I have knowledge of and am in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

If you are not aware of the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices, please review https://www.cdc.gov/injectionsafety/ip07_standardprecaution.html

Response:

☒ Yes

18 I am subject to a court order that requires me to pay for the support of one or more children.

Response: No

Available response options:

'Yes', 'No'

19 I have a Nevada state business license.

A business license is not required to practice nursing in Nevada. Nevada law requires licensing boards to request this information from all licensees and provide this data to the Nevada Secretary of State.

Response: No

Available response options:

'Yes', 'No'

20 I am requesting that a fingerprint card be mailed to my address of record. Please mark no if:

- You will be fingerprinting electronically in Nevada,
- Have already completed a FD-258 card, or
- You have fingerprinted for the Nevada Board of Nursing within the previous six months.

Complete fingerprinting instructions can be downloaded from our website under the fingerprinting section in the forms tab, please click on "Fingerprinting Instructions": <https://nevadanursingboard.org/faq-2/> For a list of fingerprinting locations in Nevada please click here: <https://rced.nv.gov/FeesForms/Fingerprints/> and select "Private Fingerprint Sites."

Response: Yes

Available response options:

'Yes', 'No'

21 As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by the Nevada State Board of Nursing that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/ biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI

- criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.
6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
 7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
 8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
 9. I hereby authorize Nevada State Board of Nursing, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
 10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

Response:

- ☒ In consideration for processing my application and by checking this box, I affirm/swear that I do hereby and irrevocably agree to the above.
- ☒ By clicking here, I affirm (swear) that I have read this application and the statements made are true and correct. The fees are nonrefundable.

Name: ISABEL WASHBURN

Payment confirmation code: [REDACTED]

ORBS Transaction Reference: [REDACTED]

Payment Date and Time: [REDACTED]

Application Fee Amount:	RN Application - Endorse	\$100.00
	Total:	\$100.00

NOTE: This document is a copy of the electronic license application for the person named above and does NOT constitute a verification of their license or represent a copy of the individual's license.

COLUMBIA UNIVERSITY OFFICIAL TRANSCRIPT

THIS OFFICIAL TRANSCRIPT HAS BEEN TRANSMITTED ELECTRONICALLY AND IS INTENDED SOLELY FOR THE RECIPIENT'S USE.

Recipient:

Isabel Washburn

isabelawashburn@gmail.com

Student:

Isabel Anne Washburn

iaw2106@columbia.edu

Statement of Authenticity

This transcript was requested following all applicable state and federal laws, and is the official transcript of the student identified above. This official transcript has been transmitted electronically to the recipient identified above and is intended solely for use by that recipient. If you are not the intended recipient, please notify the Columbia University Office of the Registrar at (212) 854-4400. It is not permissible to replicate this document or forward it to any person or organization other than the identified recipient. Release of this record or disclosure of its contents to any third party without written consent of the record owner is prohibited.

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The blue ribbon symbol is your assurance that the digital certificate is valid, the transcript is authentic, and the contents of the transcript have not been altered.



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The official transcript explanation is the last page of this document.

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COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

NAME: Isabel Anne Washburn

SCHOOL: SCHOOL OF NURSING: UNDERGRADUATE

DEGREE(S) AWARDED:
Bachelor of Science

DATE AWARDED:
May 22, 2013

PROGRAM: COMBINED BS/MS PROGRAM IN NURSING

SUBJECT	COURSE TITLE	NUMBER	POINTS	GRADE
Summer 2012				
NURS	N4050	PHYSICAL ASSESSMENT: LEC	3.00	A-
NURS	N4051	PHYSICAL ASSESSMENT: LAB	2.00	A
NURS	N4100	PHARMACOLOGY	3.00	B
NURS	N5102	SCIENCE OF NURSING PRACTICE	3.00	A+
NURS	N5104	PRAC:SCI OF NURSING PRACTICE	2.00	A
NURS	N5110	ISSUES OF NURSING PRACTICE	3.00	A+
NURS	N5800	TOPICS IN NURSING PRACTICE	0.00	
NURS	N6100	ADVANCED PHYSIOLOGY	3.00	A-
			GPA	3.842

Fall 2012				
NURS	N5200	SCI-PSYCH/MENTL HLTH NURS PRAC	3.00	A
NURS	N5202	PRAC IN PSYCH/MENTL HLTH NURS	2.00	A
NURS	N5280	SCI-NURSING PRAC WITH CHILDREN	3.00	A-
NURS	N5282	NURSING PRACTICE WITH CHILDREN	2.00	A
NURS	N5284	SCI OF NURSING PRAC WITH ADULT	3.00	B+
NURS	N5286	NURSING PRACTICE WITH ADULTS	2.00	A
NURS	N5492	COMMUNITY SERV LEARNING PROJ	0.00	P
NURS	N5800	TOPICS IN NURSING PRACTICE	0.00	
NURS	N6121	PATHOPHYSIOL ACROSS LIFE SPAN	3.00	A-
NURS	N6703	SCI-HLTH PROMO/DIS PREV-COMM	3.00	A
NURS	N8467	LABOR SUPPORT PROGRAM	0.00	P
			GPA	3.810

Spring 2013				
INTC	N4500	CULTURES HLTH ILLNESS&HLTH CARE	2.00	P
NURS	N5270	SCI-NURS PRAC-CHILDBEARING FAM	3.00	A
NURS	N5275	NURSING PRAC-CHILDBEARING FAM	2.00	A
NURS	N5490	INTEGRATN OF NURSING PRACTICE	6.00	A
NURS	N5491	INTEGRATION SEMINAR	2.00	A
NURS	N5710	EVIDENCED BASED PRAC/DECISION	1.00	A+
NURS	N5800	TOPICS IN NURSING PRACTICE	3.00	A
NURS	N6826	EVAL & APPLICATION OF RESEARCH	3.00	B+
			GPA	3.916

REMARKS

Cumulative GPA: 3.855

This official transcript was produced on
FEBRUARY 01, 2016.



SEAL OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Barry S. Kane

Barry S. Kane
Associate Vice President and University Registrar

SCHOOL: SCHOOL OF NURSING: GRADUATE
CANDIDACY: Doctor of Nursing Practice
SUBJECT: DOCTOR OF NURSING PRACTICE

NAME: Isabel Anne Washburn

DEGREE(S) AWARDED: Master of Science
DATE AWARDED: October 15, 2014
MAJOR: WOMEN'S HEALTH

SUBJECT	COURSE NUMBER	TITLE	POINTS	GRADE
Summer 2013				
NURS	N6150	MAT-FETAL-NEWBORN PHYSIOLOGY	2.00	A
NURS	N8290	INCRP GENETICS-ADV NURS PRAC	3.00	A+
NURS	N8786	ADV CL AX ACROSS THE LIFESPAN	3.00	A
NURS	N8789	ADV CLIN ASSESS PELVIC/WOMEN	2.00	A
			GPA	4.090

Fall 2013				
NURS	N6760	PRIMARY CARE OF WOMEN I	3.00	A
NURS	N6920	HLTH & SOC POL:CONTEXT PRAC/RE	3.00	A-
NURS	N8102	ADVANCED PHARMACOLOGY	3.00	B
NURS	N8460	COMPREHENSIVE WOMEN'S HEALTH	3.00	A
NURS	N8462	PRAC IN COMP WOMEN'S HEALTH	2.00	A
			GPA	3.721

Spring 2014				
NURS	N6930	INTERPERSONAL VIOLENCE & ABUSE	1.00	A
NURS	N6940	MANAGEMENT IN ADV PRACTICE	1.00	A
NURS	N8465	PRIM CRE-WOMEN ACRS-LIFESPN II	3.00	B+
NURS	N8482	PRIM CARE OF CHILDBEARING WOMEN	3.00	A
NURS	N8485	PRACTICUM: CHILDBEARING WOMAN	3.00	A
			GPA	3.809

Summer 2014				
NURS	N8466	CAPSTONE SEM IN WOMEN'S HLTH	1.00	A+
NURS	N8468	ADV PRAC IN WOMEN'S HLTH NURS	4.00	A
			GPA	4.060

Fall 2014

WITHDRAWN: August 22 2014

LEAVE OF ABSENCE: Fall 2014 - Summer 2015

REMARKS

Cumulative GPA: 3.900



SEAL OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Barry S. Kane

Barry S. Kane
Associate Vice President and University Registrar

FINAL



SEAL OF THE CITY OF NEW YORK
UNIVERSITY OF THE CITY OF NEW YORK

Columbia College, Continuing Education, Engineering and Applied Science, General Studies, Graduate School of Arts and Sciences, International and Public Affairs, Library Service, Human Nutrition, Nursing, Occupational Therapy, Physical Therapy, Special Studies Program, Summer Session
A, B, C, D, F (excellent, good, fair, poor, failing), NOTE: Plus and minus signs and the grades of D and HP (high pass) are used in some schools. The grade of D is not used in Graduate Nursing, Occupational Therapy and Physical Therapy
American Language Program, Center for Psychoanalytic Training and Research, Journalism
P (pass), F (failing), Grades of A, B, C, D, P (pass), F (failing) — used for some offerings from the American Language Program Spring 2005 and thereafter
Architecture
HP (high pass), P (pass), LP (low pass), F (failing), and A, B, C, D, F — used June 1991 and thereafter P (pass), F (failing) — used prior to June 1991
Arts
H (honors), P (pass), LP (low pass), F (fail)
Business
H (honors), HP (high pass), P1 (pass), LP (low pass), P (unweighted pass), F (failing), plus (+) and minus (-) used for H, HP and P1 grades Summer 2010 and thereafter
College of Physicians and Surgeons
H (honors), HP (high pass), P (pass), F (failing)
College of Dental Medicine
H (honors), P (pass), F (failing)
Law
A through C (plus (+) and minus (-) with A and B only), CR (credit - equivalent to passing), F (failing) is used beginning with the class which entered Fall 1994. Some offerings are graded by HP (high pass), P (pass), LP (low pass), F (failing), W (withdrawn) signifies that the student was permitted to drop a course, for which he or she had been officially registered, after the close of the Law Schools' official Change of Program (add/drop) period. It carries no connotation of quality of student performance, nor is it considered in the calculation of academic honors.
E (excellent), VG (very good), G (good), P (pass), U (unsatisfactory), CR (credit) used from 1970 through the class which entered in Fall 1993.
Any student in the Law Schools' Juris Doctor program may, at any time, request that he or she be graded on the basis of Credit-Fail. In such event, the student's performance in every offering is graded in accordance with the standards outlined in the school's bulletin, but recorded on the transcript as Credit-Fail. A student electing the Credit-Fail option may revoke it at any time prior to graduation and receive or request a copy of his or her transcript with grades recorded in accordance with the policy outlined in the school bulletin. In all cases, the transcript received or requested by the student shall show, on a cumulative basis, all of the grades of the student presented in single format — i.e., all grades shall be in accordance with those set forth in the school bulletin, or all grades shall be stated as Credit or Fail.

Public Health

A, B, C, D, F - used Summer 1985 and thereafter, H (honors), P (pass), F (failing) — used prior to Summer 1985

Social Work

E (excellent), VG (very good), G (good), MP (minimum pass), F (failing), A through C is used beginning with the class which entered Fall 1997. Plus signs used with B and C only, while minus signs are used with all letter grades. The grade of P (pass) is given only for select classes.

OTHER GRADES USED IN THE UNIVERSITY

AB = Excused absence from final examination.

AR = Administrative Referral awarded temporarily if a final grade cannot be determined without additional information.

AU = Audit (auditing division only).

CP = Credit Pending. Assigned in graduate courses which regularly involve research projects extending beyond the end of the term. Until such time as a passing or failing grade is assigned, satisfactory progress is implied.

F* = Course dropped unofficially.

IN = Work incomplete.

MU = Make-Up. Student has the privilege of taking a second final examination.

R = For the Business School. Indicates satisfactory completion of courses taken as part of an exchange program and earns academic credit.

OTHER INFORMATION

NOTE: All students who cross-register into other schools of the University are graded in the A, B, C, D, F (failing) system of the grading system of their own school, except in the schools of Arts (prior to Spring 1993) and in Journalism (prior to Autumn 1992), in which the grades of P (pass) and F (failing) were assigned.

Effective fall 1996: Transcripts of Columbia College students show the percentage of grades in the A (A+, A, A-), B (B+, B, B-), C (C+, C, C-), D (D+, D, D-), and F (failing) were assigned.

% of A are taken at two points in time, three weeks after the last final examination of the term and three weeks after the last final of the next term. Once taken, the percentage is final even if grades change or if grades are submitted after the calculation. For additional information about the grading policy of the Faculty of Columbia College, consult the College Bulletin.

KEY TO COURSE LISTINGS

A course listing consists of an area, a capital letter(s) (denotes school bulletin) and the four digit course number (see below).

The capital letter indicates the University school, division, or affiliate offering the course.

The first digit of the course number indicates the level of the course, as follows:

0 Course that cannot be credited toward any degree

1 Undergraduate course

2 Undergraduate course, advanced

3 Graduate course open to qualified undergraduates

4 Graduate course

5 Graduate course

6 Graduate course

7 Graduate course, advanced

8 Graduate research course or seminar

Note: Level Designations Prior to 1961:

100-299 Lower division graduate courses

300-999 Upper division graduate courses

The term designations are as follows:

X=Autumn Term, Y=Spring Term, S=Summer Term

RIGHTS AND PRIVACY ACT OF 1974, THIS

TRANSCRIPT MAY NOT BE RELEASED OR REVEALED TO A THIRD PARTY WITHOUT THE WRITTEN CONSENT OF THE STUDENT.

ALL INFORMATION REFLECTS GRADING SYSTEMS IN USE SINCE SPRING 1962. THE CUMULATIVE AVERAGE IS SHOWN DOES NOT REFLECT COURSES TAKEN BEFORE SPRING OF 1962.

THE ABOVE INFORMATION REFLECTS GRADING SYSTEMS IN USE SINCE SPRING 1962. THE CUMULATIVE AVERAGE IS SHOWN DOES NOT REFLECT COURSES TAKEN BEFORE SPRING OF 1962. CERTIFICATION ISSUED FROM THIS OFFICE ARE OFFICIAL DOCUMENTS. TRANSCRIPTS ARE PRINTED ON TAPE WITH PAPER ELEMENTS. THE NEED FOR SIGNATURES AND STAPLES ON THE BACK OF ENVELOPES FOR GRADING INFORMATION IS APPLIED. A BLUE SIGNATURE ALSO ACCOMPANIES THE UNIVERSITY SEAL ON THE FACE OF THIS DOCUMENT.

Website: www.nevadanursingboard.org; Toll Free Phone Number: (888) 590-6726; Email:
nursingboard@nsbn.state.nv.us

To practice as nurse/CNA in Nevada, you must hold an active Nevada license/certificate.

Advanced Practice Registered Nurse Licensure Requirements

To practice as an APRN in Nevada, you must hold an active Nevada RN and APRN license

1. A completed application submitted via the Nevada Nurse Portal, including a fee of \$200 (MasterCard™, Visa™, Discover™, or American Express™ debit or credit card). You must have an active RN license or have submitted an RN application before you can submit your APRN application. **Fees are not refundable.**
2. If you previously held an APRN license in another state, you must submit proof that you have an active APRN license in another jurisdiction.
3. Submit an **official transcript with degree posted** sent directly from your advanced nursing education program*. Your nursing program may send official transcripts to the address above or email electronic transcripts to nursingboard@nsbn.state.nv.us. Your program must be at least one academic year in length, be accredited/approved and must include didactic instruction and clinical experience. The transcript must show your program included the following educational components:
 - Advanced Health Assessment,
 - Advanced Pathophysiology,
 - Advanced Pharmacology,
 - Advanced role preparation,
 - Specific clinical specialty,
 - Clinical preceptorship.

If the above components are not clearly identified as courses on your transcript, you must provide an explanatory letter from an authorized school representative, or copies of the relevant course descriptions of the school catalog from the year(s) of your attendance. If you completed coursework at multiple programs (received transfer credits), we must receive **official** transcripts from each program. The transcript(s) must have your degree posted and graduation date.

***If you graduated from an APRN program after June 2005 you must have completed a Doctor of Nursing Practice degree, a Master's of Science in Nursing degree, or a post master's certificate program to qualify for APRN licensure.**

***If you graduated from your APRN program between July 1992 – May 2005 you must have completed a Bachelor of Science in Nursing degree to qualify for APRN licensure.**

***If you received a post master's certificate you must also submit official transcripts to be sent directly from your MSN program.**

If you are not licensed as an APRN in any state and graduated from your APRN program more than two years from the date your application is submitted, you are required to collaborate with physician for 1,000 hours without the ability to prescribe.

- 4. Submit a copy of your certification as an Advanced Practice Registered Nurse by a nationally recognized certification agency approved by the Board (AANPCB, AACN, ANCC, NCC, PNCB). If you completed your APRN program between July 1992 – May 2005 or after July 2014 you MUST be nationally certified as an APRN.**
- 5. Completed fingerprint card OR electronic fingerprint submission. Electronic fingerprint submission is only available if you are in Nevada - see separate instructions and submission form online. If you have completed fingerprints for the Nevada State Board of Nursing within the previous six months you are not required to submit fingerprints again. *Note: A permanent license will not be issued until the Board receives fingerprint reports from the Nevada Department of Public Safety and the Federal Bureau of Investigation, and any issues have been resolved.***

Due to various factors, it may take up to four (4) months for the Board to receive the official fingerprint results from the Department of Public Safety and FBI.

PRESCRIBING PRIVILEGES INFORMATION

Requirements:

- You must have completed at least two-semester credits (or equivalent quarter hours) in advanced pharmacotherapeutics.**
- You must have at least two years or 2,000 hours of clinical practice as an APRN or signed a protocol with a collaborating physician if you wish to prescribe schedule II-controlled substances (a sample of this protocol is available on our website under the Forms tab)**
- You must have been issued a permanent APRN license in Nevada. You cannot be issued prescribing privileges with a temporary APRN license.**
- If you do not hold a master's or doctorate degree in nursing, you must also submit documentation that you have 1,000 hours of active practice prescribing medication in the immediately preceding two years as an APRN.**

Application steps:

- 1. Submit your initial APRN application to the Board OR have a current APRN license in Nevada.**
- 2. Apply for prescribing privileges via your initial application on your nurse portal account or by submitting a paper application for Prescribing Privileges available on our website under the Forms tab.**

—

3. Request official transcripts to be sent directly to the Board from your APRN program showing that you have completed advanced pharmacotherapeutics (required only if the Board has not previously received your official transcripts).
4. If requesting schedule II prescribing privileges you must submit proof that you have practiced at least 2 years or 2,000 hours as an APRN. Acceptable proof includes a letter from your employer, human resources, a physician or another APRN that you worked with. Other documents may include employment verification forms, or paystubs. If you have not practiced at least 2 years or 2,000 hours as an APRN you must submit a signed protocol with a collaborating physician. A sample of this protocol can be found on our website under the Forms tab.
5. Once your permanent APRN license is issued, and the requirements above have been completed, we will notify the Nevada Board of Pharmacy that you are eligible for prescribing privileges; this process may take up to one week once all requirements are met.
6. You must apply with and be granted a license to prescribe by the Nevada State Board of Pharmacy
7. If you are prescribing controlled substances you must obtain your DEA registration before you may begin prescribing in Nevada.
8. You must register with the Nevada Prescription Monitoring Program (PMP) whether you are actively prescribing or not. For additional information regarding the Nevada PMP please visit the Board of Pharmacy website [PMP \(nv.gov\)](http://PMP.nv.gov).

Failing to obtain a protocol with a collaborative physician, if required, may result in a complaint/investigation against your license for practicing beyond scope and may be grounds for disciplinary action against your license. Once you have completed 2,000 hours of practice, please submit documentary evidence from your collaborating physician so the Board can remove this requirement from your license.

GENERAL INFORMATION

- You may not send any documents to the Board before you have created your Nevada Nurse Portal account.
- Your application for licensure is valid for one year from the date received by the Board. It is your responsibility to follow up with the Board to determine the ongoing status of your application.
- APRN licensure frequently asked questions can be found on our website under the "forms" tab.
- If you wish to have a third-party act upon your behalf for licensure purposes, you must submit a signed and notarized Third Party Authorization form which can be found on our website under the "forms" tab.
- Applications and documents are processed in approximately one week. You can review the status of your application by logging into your nurse portal account and clicking on "view status." You must allow at least one week before contacting the board regarding the status of your application or any document submission.
- The address furnished on this application will become your address of record.
- You must notify the Board within 30 days of any change in your address of record. Address changes are completed in your Nevada Nurse Portal account under "manage profile."

- Once you've submitted your initial application Board staff will determine if you are eligible for a one-time temporary license. Temporary licenses are issued as a curtesy and are valid for six-months. A temporary license may not be extended or reissued. Please allow approximately one week for your application to be processed, then you may check your nurse portal account for updates regarding the status of your application and temporary license.
- If you are eligible to prescribe controlled substances listed in the schedule II, III, or IV category, you are required by Nevada State Law to register with the Nevada State Board of Pharmacy's Prescription Monitoring Program.
- Nevada does not issue hard card licenses. No license card will be mailed to you. You may print out a paper copy of your Nevada nursing license from the Board's website www.nevadanursingboard.org.
- You will not receive notice of licensure expiration dates or licensure renewal dates from the Board. You are responsible for knowing and tracking your licensure expiration date.
- Once your permanent license has been issued, you are strongly encouraged to register with Nursys e-Notify. This is a free of charge innovative nurse licensure notification system where you receive real-time notifications about your nursing license status. The system provides automated notice of licensure status and publicly available discipline data directly to you. Information contained on the e- Notify system is considered primary source equivalent. e-Notify may be access via Board's website or directly through www.nursys.com.
- APRNs must maintain a Professional Portfolio pursuant to NAC 632.2563. You may view the instructions for the APRN Professional Portfolio on our website under the Forms tab.

License Application Type

License Type:	APRN-CNP
APRN Population Focus/Specialty:	Women's Health / Gender Related
Application Type:	APRN Initial

General Information

Demographic Information

Salutation:	
Full Legal Name Required:	ISABEL WASHBURN

Other Names Used

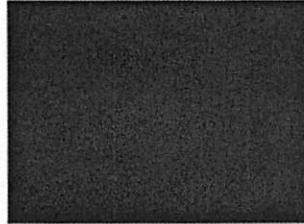
Full Legal Name Required:	Anne Elizabeth Van Brunt Washburn
---------------------------	-----------------------------------

For Statistical Purposes Only

What is your Gender? (For Statistical Purposes Only, Optional):

What is your Race? (Please select ALL that apply - For Statistical Purposes Only, Optional):

Are you of Hispanic or Latino origin? (For Statistical Purposes Only, Optional)



Contact Information



Mailing Address



Phone Number(s)

Cell:



Additional Questions

During the 81st Nevada legislative session a law was passed requiring government agencies to collect information regarding an applicant's sexual orientation and gender identity or expression. You are not required to answer the questions below and if you choose to submit a response your answers will not influence your license/certificate status.

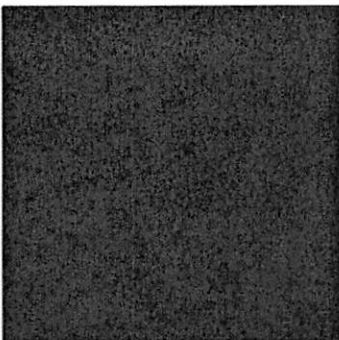
1 To which gender identity do you most identify?

Response:



2 Which of the following best describes you?

Response:



Education History

Previously submitted education can only be edited by board staff. To edit your education please send a message to the board via the message center and include a copy of your diploma or transcripts so we can make the appropriate corrections.

Nursing Education

Program Type:	RN
Program Name:	COLUMBIA UNIVERSITY - BS
Program Address:	630 West 168th Street New York NY 10032
Degree Obtained:	Baccalaureate Degree-Nursing
Education Status:	Graduated
Graduation date:	05/22/2013
Supporting Documentation:	Washburn Transcript

Program Type:	APRN
Program Name:	COLUMBIA UNIVERSITY SCHOOL OF NURSING
Address:	560 West 168th Street

New York NY 10032
UNITED STATES

Program Contact Name:

Phone Number:

Degree Obtained:

Master's Degree-Nursing

Education Status:

Graduated

Graduation date:

10/15/2014

☒ I affirm (swear) that the education that I have entered is true and correct.

Prescribing Privileges

Requirements:

You must have completed at least two-semester credits (or equivalent quarter hours) in advanced pharmacotherapeutics.

You must have at least two years or 2,000 hours of clinical practice as an APRN or signed a protocol with a collaborating physician if you wish to prescribe schedule II-controlled substances. A sample of this protocol is available on our website under the Forms tab, see link below.

You must have been issued a permanent APRN license in Nevada. You cannot be issued prescribing privileges with a temporary APRN license.

If you do not hold a master's or doctorate degree in nursing, you must also submit documentation that you have 1,000 hours of active practice prescribing medication in the immediately preceding two years as an APRN.

Application steps:

Submit your Initial APRN application to the Board OR have a current APRN license in Nevada.

Apply for prescribing privileges via this application.

Request official transcripts to be sent directly to the Board from your APRN program showing that you have completed advanced pharmacotherapeutics (required only if the Board has not previously received your official transcripts).

If requesting schedule II prescribing privileges, you must submit proof that you have practiced at least 2 years or 2,000 hours as an APRN. Acceptable proof includes a letter from your employer, human resources, a physician or another APRN that you worked with. Other documents may include employment verification forms, or paystubs. If you have not practiced at least 2 years or 2,000 hours as an APRN you must submit a signed protocol with a collaborating physician. A sample of this protocol can be found on our website under the Forms tab, see link below.

Once your permanent APRN license is issued, and the requirements above have been completed, we will notify the Nevada Board of Pharmacy that you are eligible for prescribing privileges; this process may take up to one week once all requirements are met.

You must apply with and be granted a license to prescribe by the Nevada State Board of Pharmacy

If you are prescribing controlled substances, you must obtain your DEA registration before you may begin prescribing in Nevada.

You must register with the Nevada Prescription Monitoring Program (PMP) whether you are actively prescribing or not. For additional information regarding the Nevada PMP please visit the Board of Pharmacy website PMP (nv.gov)

(<https://bop.nv.gov/links/PMP/>) .

You may apply for prescribing privileges with your initial application by checking yes below OR by submitting a paper application anytime after your initial application is submitted. The paper application can be found on our website here:

[Prescribing-Privileges.pdf \(nevadanursingboard.org\)](#).

Indicate if you are requesting Prescribing Privileges? Yes

APRNs may only prescribe controlled substances, poisons, dangerous drugs or devices which are within the standard of their identified APRN role and population focus.

Prescribing Privileges

National Certification

If you graduated from your APRN program between July 1, 1992 and June 1, 2005 OR after July 1, 2014 you must hold national certification. All APRNs are highly encouraged to hold national certification as an advanced practice registered nurse. Please provide all national certification here and update as necessary.

National Certification

If you graduated from your APRN program between July 1, 1992 and June 1, 2005 OR after July 1, 2014 you must hold national certification. All APRNs are highly encouraged to hold national certification as an advanced practice registered nurse. Please provide all national certification here and update as necessary.

Certification Exam Agency:	National Certification Corporation (NCC)
Certification Number:	104387416
Certification Exam Name:	CNP-Women's Health /Gender Specific
Original Issue Date:	10/24/2014
Expiration Date:	12/15/2026
Supporting Documentation:	NCC Certification 12.26

Eligibility Questions

1 Have you ever been denied a nursing license (for reasons other than failure to pass State Board Exam/NCLEX)?

If yes, you must submit the following:

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

The required documents can be submitted via upload option below, you can send them using Message Center or you can mail them to the Nevada board of Nursing.

Response: No

Available response options:

'Yes', 'No'

—

2 Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?

If Yes, you must submit the following:

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

The required documents can be submitted via upload option below, you can send them using Message Center or you can mail them to the Nevada board of Nursing.

Response: No

Available response options:

'Yes', 'No'

3 Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?

If yes, you must submit the following:

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

The required documents can be submitted via upload option below, you can send them using Message Center or you can mail them to the Nevada board of Nursing.

Response: No

Available response options:

'Yes', 'No'

4 Are you currently a participant in an alternative to discipline, diversion, monitoring, or a peer assistance program (this includes all confidential programs)?

If yes, you must submit the following

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

Note - This question applies to individuals enrolled in a program or a participant, this does not apply to worksite monitors or support group leaders.

***Pursuant to Nevada Revised Statutes information regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, chemical dependency, including diagnosis and treatment, and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under NRS 632.405.**

Response: No

Available response options:

'Yes', 'No'

—

5 Have you ever had any regulatory authority (other than nursing) in any state, jurisdiction, country, or province revoke, annul, cancel, accept surrender of, suspend, place on probation, refuse to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held?

If yes, you must submit the following:

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

The required documents can be submitted via upload option below, you can send them using Message Center or you can mail them to the Nevada board of Nursing.

Response: No

Available response options:

'Yes', 'No'

6 Have you ever been convicted of a misdemeanor or felony, or have you ever entered a plea of guilty, nolo contendere, or no contest to a misdemeanor or felony?

If yes, you must submit the following:

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

The required documents can be submitted via upload option below, you can send them using Message Center or you can mail them to the Nevada board of Nursing.

NOTE: Expunged and Sealed Offenses: While the legal requirement to disclose criminal offenses, tickets or citations may go away when those offenses are expunged or sealed, it is your responsibility to ensure the offense, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

*Pursuant to Nevada Revised Statutes information regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, chemical dependency, including diagnosis and treatment, and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under NRS 632.405.

Response: No

Available response options:

'Yes', 'No'

7 Do you have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner?

If yes, you must submit the following:

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

The required documents can be submitted via upload option below, you can send them using Message Center or you can mail them to the Nevada board of Nursing.

*Pursuant to Nevada Revised Statutes information regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, chemical dependency, including diagnosis and treatment, and information regarding an individual's criminal history is

confidential to the same extent that information collected as part of an investigation is confidential under NRS 632.405.

Response: No

Available response options:

'Yes', 'No'

8 Have you ever had a malpractice judgment or settlement entered against you, or do you have any pending malpractice suits or claims filed against you?

If yes, you must submit the following:

1. A detailed explanation regarding the basis for your yes answer; and
2. Copies of documents regarding the basis for your yes answer

The required documents can be submitted via upload option below, you can send them using Message Center or you can mail them to the Nevada board of Nursing.

NOTE: Expunged and Sealed Offenses: While the legal requirement to disclose criminal offenses, tickets or citations may go away when those offenses are expunged or sealed, it is your responsibility to ensure the offense, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

Response: No

Available response options:

'Yes', 'No'

9 I am an active United States military member, a United States military veteran OR I am the spouse of an active United States military member or surviving spouse of a veteran.

If selected "I am an active United States military member or a United States military veteran" or "I am the spouse of an active United States military member, veteran or surviving spouse of a veteran", you must submit a copy of your/your spouse's military issued DD214, military identification, or other official documentation proving your military status in order to qualify for the 50% reduced application fee. If you are using your spouse's ID and your last names do not match you must also submit a copy of your marriage certificate.

Response: No

Available response options:

'I am an active United States military member or a United States military veteran', 'I am the spouse of an active United States military member, veteran or surviving spouse of a veteran', 'No'

10 Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?

Response: No

Available response options:

'Yes', 'No'

11 Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active

duty in defense of the United States and separated from such service under conditions other than dishonorable?

Response: No

Available response options:

'Yes', 'No'

12 I swear (affirm) that I currently hold an active advanced practice registered nurse license in the state of:

Response: NEW MEXICO

13 I affirm (swear) that I have completed a program to prepare an advanced practice registered nurse after July 1, 2014, that I hold a master's degree in nursing and I am aware that I must hold current national certification to obtain a license to practice as an advanced practice registered nurse.

Response: Yes

Available response options:

'Yes', 'No'

14 I affirm (swear) that I have completed a program designed to prepare an advanced practice registered nurse between June 1, 2005 – July 1, 2014 and I hold a master's degree in nursing and that I am not required to obtain national certification.

Response: No

Available response options:

'Yes', 'No'

15 I affirm (swear) that I have completed a program designed to prepare an advanced practice registered nurse between July 1, 1992 and June 1, 2005 and I am aware that I must hold current national certification to obtain a license to practice as an advanced practice registered nurse and I hold a bachelor's degree in nursing.

Response: No

Available response options:

'Yes', 'No'

16 I affirm (swear) that I have completed a program designed to prepare an advanced practice registered nurse before July 1, 1992 and that I am not required to obtain national certification.

Response: No

Available response options:

'Yes', 'No'

17 I affirm (swear) that I have clinically practiced for at least 2 years or 2,000 hours as an APRN

If yes, you must submit documentary evidence that supports this statement. Documentary evidence may include but is not limited to:

- a. A signed letter from your employer(s) stating that you have clinically practiced for a total of 2 years OR 2,000 hours;
- b. A signed letter from your collaborating physician or another APRN whom you have been working with stating that you

- have at least 2,000 hours or 2 years of clinical practice;
c. Any other available form of verification. (Will be reviewed individually for acceptance.)

Response: Yes

Available response options:

'Yes', 'No'

Supporting Documents: PSLF Employer Certification DOH 2022 Signed, Paystub 12.29.2023

18 I last practiced nursing on this date?

You must indicate a date (MM/DD/YYYY). Phrases such as TODAY, CURRENTLY, PRESENTLY, STILL PRACTICING, etc. will cause a delay in processing your application.)

Response: 01/18/2024

19 I last practiced nursing in this State

Response: NEW MEXICO

20 I affirm (swear) that I have knowledge of and am in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

If you are not aware of the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices, please review https://www.cdc.gov/injectionsafety/ip07_standardprecaution.html

Response:

☒ Yes

21 I am subject to a court order that requires me to pay for the support of one or more children.

Response: No

Available response options:

'Yes', 'No'

22 I have a Nevada state business license.

A business license is not required to practice nursing in Nevada. Nevada law requires licensing boards to request this information from all licensees and provide this data to the Nevada Secretary of State.

Response: No

Available response options:

'Yes', 'No'

23 As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose

(such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by the Nevada State Board of Nursing that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/ biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.
6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize Nevada State Board of Nursing, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

Response:

—

- ☒ In consideration for processing my application and by checking this box, I affirm/swear that I do hereby and irrevocably agree to the above.
- ☒ By clicking here, I affirm (swear) that I have read this application and the statements made are true and correct. The fees are nonrefundable.

Name: ISABEL WASHBURN

Payment confirmation code: [REDACTED]

ORBS Transaction Reference: [REDACTED]

Payment Date and Time: [REDACTED]

Application Fee Amount:	APRN Application Fee	\$200.00
	Total:	\$200.00

NOTE: This document is a copy of the electronic license application for the person named above and does NOT constitute a verification of their license or represent a copy of the individual's license.



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

January 24, 2024

To whom it may concern,

Isabel Washburn was employed with the New Mexico Department of Health, Public Health Division as an Advanced Practice Nurse II from 2/22/2020 through 1/6/2024. Please reach out if you need any additional information.

Thank you,

Stephanie Metarelis
Human Resource Manager



Accredited since 2015

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(505) 476-9033





ISABEL WASHBURN, WHNP-BC®

has earned the following certification from the National Certification Corporation:

Women's Health Care Nurse Practitioner
Earned October 24, 2014 and due December 15, 2026

NCC ID: 104387416



A handwritten signature in black ink that reads "Carol M. Wallman". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Carol M. Wallman, DNP, APRN, NNP-BC
NCC President