

## Application - Registered Nurse

Name	Michelle Paulette Becker
Credential	Registered Nurse

### Fee Details

RN - Endorsement	\$20.00
RN- Peer Fee	\$23.00
	<b>\$43.00</b>

## 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.

**Important information before you proceed:** Colorado has a mandatory Nurse Practice Act which means that no one may practice as a registered nurse without a Colorado license or other compact state license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you will be granted a license. Plan ahead for the time it will take to receive and review all required documents and complete our evaluation. Requirements for licensure are outlined in the Colorado Revised Statutes, specifically section 12-38-101, Board Rules and Board Policies. You may view these on the [Laws, Rules and Policies webpage](#).

You may review the [Checklist of Required Items](#) before beginning your online application to ensure you have all information and documentation available.

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; or
  - 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 more information, visit [CGFNS's website](#).

For information and resources regarding the NCLEX exam, visit the [National Council of State Boards of Nursing's \(NCBSN\) 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.

For more information about the professional Nurse program please visit the [Board's website](#). If you are prepared to apply for RN licensure, click "Next" to continue.

## RN Online Application - Application Checklist - Method

### Online Application - Application Checklist

1. **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

2. **Select your License Method:**

Endorsement

## RN Online Application - Endorsement - Other License Information

### Online Application - Other License Information

21. 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)
Michelle Paulette Becker	New York	Registered Nurse	657508	Active	06/25/2012	09/30/2017	No	
Michelle Paulette Becker	Pennsylvania	Registered Nurse	RN646075	Active	02/12/2013	04/30/2018	No	
Michelle Paulette Becker	Nevada	Registered Nurse	RN92491	Active	02/17/2017	10/04/2018	No	

22. Have you ever applied for any type of Colorado Health Care license prior to this application?

No

## RN Online Application - Endorsement - Verification

### Online Application - Application Checklist

26. 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 pay any required fees.

- If your original license is from a NURSEYS participating state, you must apply for and provide a NURSUS verification. You may request your NURSUS verification on the [NURSUS website](#). A list of NURSUS participating states by is also available on the [NURSUS website](#).
- For NURSUS 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 on the [Applications and Forms webpage](#).

It is your 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?

Yes

## RN/PN Online Application - Endorsement - Date Verification Requested

### Online Application - Application Checklist

27. Enter the date you requested verification of your original license below:

06/08/2017

## 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:

New York

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

06/08/2017

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

NCLEX

31. Is this license current/active?

Yes

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

Yes

## RN Online Application - Education Information

### Online Application - Education Information

Please enter the education information of the nursing degree you received PRIOR to obtaining an original RN license (if applying by endorsement) or prior to submitting this application for Colorado licensure (if applying by examination):

36. Name of Professional Nursing School Attended: (Do not abbreviate)  
St. Joseph's College of Nursing

37. Program City:  
Syracuse, NY

38. Program State/Province:  
New York

39. Program Country:  
United States

40. Date of Graduation:  
05/09/2012

41. Type of Degree/Diploma Granted:  
Associate Degree - Applied Science

42. Is the program approved by a State Board of Nursing (example: Colorado State Board of Nursing)?  
Yes

## RN Online Application - Education Information Approved

### Online Application - Education Information

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43. Please enter the name of the Board and State that has approved the program:  
New York State board of nursing

## Affidavit of Eligibility

### AFFIDAVIT OF ELIGIBILITY

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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  
Michelle Paulette Becker

## Affidavit of Eligibility - Section A

### Section A: LAWFUL PRESENCE in the United States

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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

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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:

Pennsylvania

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

Michelle Paulette Becker

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

[REDACTED]

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

10/05/2019

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 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.

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

Michelle Paulette Becker

89. Please enter today's date below:

06/08/2017

### GLOBAL Online Application - Applicant Information

#### Online Application - Applicant Information

90. 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.

91. First Name:

Michelle

92. Middle Name or Initial:

Paulette

93. Last Name:

Becker

94. Suffix:

95. Previous Names:

Previous Name	From Month	From Year	To Month	To Year	Reason(s) for Change	Documentation
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96. Gender:

Female

97. Date of Birth:

[REDACTED]

98. Birth City:

Del Rio

99. Birth State:

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

Texas

100. Birth Country:

United States

## GLOBAL Online Application - Military

### Online Application - Military Questions

101. Are you an active member of the U.S. Military, National Guard or Military Reserves?

No

## GLOBAL Online Application - Military Veteran

### Online Application - Military Questions

104. Are you a Veteran of the U.S. Military?

No

## GLOBAL Online Application - Military Spouse

### Online Application - Military Questions

106. 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 - Screening Questions**

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**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**

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**Online Application - Screening Questions**

120. 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 - Investigation**

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**Online Application - Screening Questions**

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

No

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

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**Online Application - Screening Questions**

134. 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 - Felony**

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**Online Application - Screening Questions**

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

No

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

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**Online Application - Screening Questions**

148. 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 - Drugs/Alcohol Traffic Offense**

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**Online Application - Screening Questions**

155. 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

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

#### **Online Application - Screening Questions**

162. 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

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### **NURSING Online Application - Screening Questions - Judgment**

#### **Online Application - Screening Questions**

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

No

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### **NURSING Online Application - Screening Questions - Terminated**

#### **Online Application - Screening Questions**

175. 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?

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### **GLOBAL Online Application - Screening Questions - Condition**

#### **Online Application - Screening Questions**

182. 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?

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### **GLOBAL Online Application - Screening Questions - Drug/Alcohol**

#### **Online Application - Screening Questions**

189. 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?

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### **RN Online Application - Endorsement - Temp License**

#### **Online Application - Application Checklist**

196. 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*

Yes

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### **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, if applicable, in the grid below. A list of compact states is available at: [www.ncsbn.org](http://www.ncsbn.org).

197. 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
Pennsylvania	No	Nevada New York Pennsylvania

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.

198. Street Address:  
1924 Broadway Ave

199. City:  
Pittsburgh

200. State:  
Pennsylvania

201. Zip:  
15216

## NURSING Online Application - PSOR - Other Compact State

### Primary State of Residence Designation

202. 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

## RN Online Application - Expiration Date Notice

### Online Application - License Expiration Notice

203. **PLEASE BE ADVISED::** ALL Registered Nurse (RN) licenses expire on September 30th of both odd and even-numbered years, depending on when the license is issued. If you are issued a license within 120 days of the upcoming renewal expiration date, you will be issued a license with the subsequent expiration date. For example, licenses issued between June 3, 2017 and September 30, 2017 will reflect an expiration date of September 30, 2019. Licenses issued prior to June 3, 2017 will reflect an expiration date of September 30, 2017, and must renew in the upcoming renewal period.



- All RN licenses expire September 30th of even or odd numbered years and must be renewed to continue practicing.

Have you read the above notice and do you understand that if granted a license prior to June 1st, your license will expire on September 30th this year AND you must renew it to continue practicing?

Yes

## GLOBAL Online Application - Attestation

### Online Application - Attestation

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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.

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

Michelle Paulette Becker

205. Please enter today's date below:

06/08/2017

## HPPP - RN Introduction

### Healthcare Professions Profile

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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

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

No

## HPPP - NURSING Education and Training

### Education and Training

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208. School or Education Level:

Associates Degree

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

2012

## HPPP GLOBAL - Other Licenses

### Other Licenses

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

Yes

## HPPP GLOBAL - Other Licenses if Yes

### Other Licenses

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211. Other Licenses:

State	License Status	Year Originally Issued
New York	Active	2012
Pennsylvania	Active	2013
Nevada	Active	2017

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**HPPP GLOBAL - Board Certifications****Board Certifications**

212. Do you hold any current Board Certifications?  
No

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**HPPP GLOBAL - Practice Specialties****Practice Specialties**

214. Do you have a practice specialty in which you are appropriately trained and actively practicing?  
No

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**HPPP - RN APN Specialty****Advanced Practice Specialties**

216. Do you hold an Advanced Practice Authority?  
No

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**HPPP GLOBAL - CO Hospital Affiliations****Colorado Hospital Affiliations**

218. Do you have a current affiliation or clinical privileges with any Colorado Hospital?  
No

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**HPPP GLOBAL - Other Hospital Affiliations****Other Health Care Facilities and Out of State Hospital Affiliations**

220. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?  
No

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**HPPP GLOBAL - Business Ownership****Business Ownership**

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

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**HPPP GLOBAL - Employer****Employer**

224. 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**

225. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
Host Healthcare	4225 Executive Square Suite 1500	La Jolla	California	92037	(800) 585-1299

**HPPP GLOBAL - Employment Contracts****Employment Contracts**

226. 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**

228. 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**

230. 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 - Healthcare Facility Actions****Healthcare Facility Actions**

232. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

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

234. 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 - DEA Registration****DEA Registration Surrender**

236. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?

No

**HPPP GLOBAL - Convictions**

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**Convictions**

239. 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**

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**Malpractice Claims**

241. 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**

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**Malpractice Carrier Refusal**

243. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?  
No

**HPPP GLOBAL - Optional Narrative**

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**Optional Narrative**

245. Optional Narrative:

**HPPP GLOBAL - Attestation**

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**Attestation**

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

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

246. Submission Date:  
06/08/2017

**Review**

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

## Application - Compact Nurse Practitioner - C-APN

Name Michelle Paulette Becker  
 Credential Compact Nurse Practitioner - C-APN

### Fee Details

NP - Advanced Practice Registry	\$44.00
	<b>\$44.00</b>

## Compact Advanced Practice Nurse - Nurse Practitioner - Welcome

### Compact Advanced Practice Nurse - Nurse Practitioner Application | Welcome

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

1. Welcome to the Online Compact Advanced Practice Nurse - Nurse Practitioner Authority Application. Before you begin, please review the important information below:

There is one method you may use to become licensed. To apply, you must have already completed or have in your possession, verification of the following:

Please use the links below for the specific requirements.

- [Advanced Practice Nurse - Nurse Practitioner by Original](#)
  - Hold an active RN license in good standing in a Compact State. If you do not hold an RN license in a Compact State, do not apply.
  - Upload proof of your national certification.
  - Declare your Primary State of Residency (PSOR).

Basically, if you don't have the above, it is best for you to wait until you can secure it. Otherwise you will not be able to qualify for a Advanced Practice Nurse - Nurse Practitioner authority. We'll ask more specific information later in the application about the above items. Remember, you can stop and cancel this application at any time before submitting. However, if you submit the application, pay the fee and do not provide the information as requested, submit incomplete documentation or do not qualify, your application may be rejected and no refunds or transfers will be given.

Still ready to go? OKAY, let's start by selecting *Original* in the dropdown below:

## Application - Applicant Information

### Application | Applicant Information

2. To begin, we need to know a little more about you. The questions below help us to learn about you and provide some information needed in order to process your application as quickly and efficiently as possible.

Have you ever had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with?

If you answer yes, you will be prompted on the next page to provide your other name(s) and upload any necessary name change documentation.

3. What is your Date of Birth?

#### EMAIL NOTICE:

Email is our primary form of communication for any and all information related to your application(s) and/or license(s). To ensure you are receiving our communications, please check the following:

- Your email address is up to date
- Add [no-reply@www.colorado.gov](mailto:no-reply@www.colorado.gov) and [dpo-no-reply@state.co.us](mailto:dpo-no-reply@state.co.us) to your email client "safe senders" list.

## Application - Applicant Previous Names

### Application | Applicant Previous Names

4. You indicated on the previous page that you have had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with. Select the "add" button in the grid below to enter the name(s) used previously:

Previous Name	From Month	From Year	To Month	To Year	Reason(s) for Change	Documentation
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Michelle Becker	October	1991	June	2021	Marriage	IMG_6063	
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5. Please upload all legal name change documentation to assist us in verifying your credentials to process your application:

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

IMG\_6063

## Application - Military 2022.1

### Application | Military

6. Are you an active member of the U.S. Military, National Guard or Military Reserves?

No

7. Are you a Veteran of the U.S. Military?

No

8. Are you the spouse of an active military member who has been relocated to Colorado AND currently hold a valid and Active credential to practice your profession in another U.S. state?

No

## Compact Advanced Practice Nurse - Nurse Practitioner - Original Information

### Compact Advanced Practice Nurse - Nurse Practitioner Application | Original Information

9. Do you hold a Registered Nurse (RN) license in a Compact State?

Yes

10. You must provide verification of your National Certification (ANCC, ACCN, AANP, PNCB or NCC). 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 "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

Williams NCC

11. Select the population(s) you want to declare as your specialty:

Women's Health/Gender Specific

12. Prior to practicing as an Advanced Practice Nurse in Colorado, you must obtain Professional Liability Insurance, or be covered by an exemption.

By selecting "Yes" below, you are attesting that you have obtained or will obtain, prior to practicing in Colorado, professional liability insurance or that you are covered by an exemption.

Yes

13. 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
New Mexico	No	Colorado New Mexico

14. 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.

Please enter the full, 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.

For example: 123 Main Street, Denver, CO 80201

1219 barelas rd sw albuquerque nm 87102

15.

- You must list ALL licenses below:

Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement(s)
Michelle Williams	New Mexico	Registered Nurse					No	
Michelle Williams	New Mexico	APRN					No	
Michelle Williams	New Mexico	Certified nurse midwife					No	

16.

- You must also scan and upload verification ALL licenses below:

This verification can be a screen capture from another state website, but must indicate the original issue date and show any disciplinary actions that have been taken against your license. If you are unable to access verification from another state site, you will need to request one from them and upload it here. Do not apply if you cannot supply this verification.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

Nmwilliam  
Dohwilliams

## Compact Advanced Practice Nurse - Nurse Practitioner - Attestation

### Compact Advanced Practice Nurse - Nurse Practitioner Application | Attestation

17. By submitting this online application you attest to the following statements:

- The information contained in this application is true and correct to the best of my knowledge.
- False statements made on my application could result in a violation of the practice act.

Additionally, this is a final reminder that you are submitting a COMPACT ADVANCE PRACTICE NURSE - NURSE PRACTITIONER registration application. If you submit the application and do not provide the information as requested, submit incomplete documentation, submit the wrong application or do not qualify, your application may be rejected. You will NOT be allowed to transfer fees and there will be NO REFUNDS given.

Please enter today's date below and select the "Next" button to agree to the above conditions:

08/29/2023

## Healthcare Profile - Compact Nurse Practitioner Introduction

### Healthcare Professions Profile | Introduction

Please be aware that this profile is only for your COMPACT NURSE PRACTITIONER - C-APN 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

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

Yes

## Healthcare Profile - Location of Practice if Yes (WF)

### Healthcare Professions Profile | Location of Practice

## 19. Practice Locations:

Address	City	State	Zip Code	Phone Number
6801 Jefferson St NE	Albuquerque	New Mexico	87109	+1 (505) 847-4100

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

## 20. School or Education Level:

Masters Degree

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

2012

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

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

Yes

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

## 23. Other Licenses:

State	License Status	Year Originally Issued
New Mexico	Active	2020

**Healthcare Profile - Board Certifications****Healthcare Professions Profile | Board Certifications**

## 24. Do you hold any current Board Certifications?

Yes

**Healthcare Profile - Nursing Board Certifications if Yes****Healthcare Professions Profile | Board Certifications**

## 25. Board Certifications:

Certification
Other
American Midwifery Certification Board

**Healthcare Profile - Practice Specialties****Healthcare Professions Profile | Practice Specialties**

## 26. Do you have a practice specialty in which you are appropriately trained and actively practicing?

Yes



**Healthcare Profile - Nursing Practice Specialties if Yes****Healthcare Professions Profile | Practice Specialties**

---

27. Practice Specialties:

Specialty
Other

**Healthcare Profile - Advanced Practice Specialty****Healthcare Profile | Advanced Practice Specialties**

---

28. Do you hold an Advanced Practice Authority?

Yes

**Healthcare Profile - Advanced Practice Specialty if Yes****Healthcare Profile | Advanced Practice Specialties**

---

29. Advanced Practice Authority Specialty Area:

Women's Health

**Healthcare Profile - Colorado Hospital Affiliations****Healthcare Professions Profile | Colorado Hospital Affiliations**

---

30. Do you have a current affiliation or clinical privileges with any Colorado Hospital?

No

**Healthcare Profile - Other Facility and Out of State Hospital Affiliations****Healthcare Professions Profile | Other Facility and Out of State Hospital Affiliations**

---

32. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?

No

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

---

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

No

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

---

36. 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**

---

37. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
Bosque Women's Care	6801 Jefferson St NE	Albuquerque	New Mexico	87109	(505) 847-4100

### Healthcare Profile - Employment Contracts

#### Healthcare Professions Profile | Employment Contracts

38. 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

40. 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

42. 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 - Healthcare Facility Actions

#### Healthcare Professions Profile | Healthcare Facility Actions

44. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

### Healthcare Profile - Termination of Employment

#### Healthcare Professions Profile | Termination of Employment

46. 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 - DEA Registration

#### Healthcare Professions Profile | DEA Registration

48. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?

No

### Healthcare Profile - Convictions

#### Healthcare Professions Profile | Convictions

51. 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

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

No

## Healthcare Profile - Malpractice Carrier Refusal

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### Healthcare Professions Profile | Malpractice Carrier Refusal

55. 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

57. 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.

58. Submission Date:

08/29/2023

## 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.

## Application - Compact Nurse Practitioner - C-RXN

Name	Michelle Paulette Becker
Credential	Compact Nurse Practitioner - C-RXN

### Fee Details

NP - Prescriptive Authority	\$89.00
	<b>\$89.00</b>

## C-RXN Application - Compact RN

### Online Application - Application Checklist

1. Do you hold a multi-state RN license in a compact state other than Colorado?  
Yes
2. Do you currently hold provisional prescriptive authority in the population for which you are applying AND are applying for FULL prescriptive authority in that population?  
No

## Prescriptive Authority - Nurse Practitioner - Welcome

### Prescriptive Authority - Nurse Practitioner Application | Welcome

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

Welcome to the Online Compact Prescriptive Authority - Nurse Practitioner Application. Before you begin, please review the important information below:

There are two methods you may use to become licensed. To apply by one of the available methods, you must have already completed or have in your possession, verification of the following:

Please use the links below for the specific requirements.

- [Compact Prescriptive Authority - Nurse Practitioner by Original](#)
  - Hold an active RN license in good standing and equivalent to the one for which you are applying in a Compact state or jurisdiction. If you do not hold an RN license, do not apply.
  - Hold an active APN - Nurse Practitioner registration in good standing and equivalent to the one for which you are applying in a Compact state or jurisdiction. If you do not hold an APN-CNS registration, do not apply.
  - Upload proof of your national certification.
  - Declare your Primary State of Residency (PSOR).
  - Declare a population focus. The declared population focus must be the same as one listed on your APN-CNS registration, if multiple populations are declared on the APN-CNS.
- [Compact Prescriptive Authority - Nurse Practitioner by Endorsement](#)
  - Hold an active RN license in good standing and equivalent to the one for which you are applying in a Compact state or jurisdiction. If you do not hold an RN license, do not apply.
  - Hold an active APN - Nurse Practitioner authority in good standing and equivalent to the one for which you are applying in a Compact state or jurisdiction. If you do not hold an RN license, do not apply.
  - Hold Compact Prescriptive Authority and completed at least 750 hours of documented prescribing experience in a Compact state or jurisdiction. If you do not hold Compact Prescriptive Authority in a Compact state or you have not completed at least 750 hours of prescribing experience, you must apply by the Original method.
  - Upload proof of your national certification.
  - Declare your Primary State of Residency (PSOR).

Basically, if you don't have the above, it is best for you to wait until you can secure it. Otherwise you will not be able to qualify for a Compact Prescriptive Authority - Nurse Practitioner registration. We'll ask more specific information later in the application about the above items. Remember, you can stop and cancel this application at any time before submitting. However, if you submit the application, pay the fee and do not provide the information as requested, submit incomplete documentation or do not qualify, your application may be rejected and no refunds or transfers will be given.

Still ready to go? OKAY, let's start by selecting the "Next" button below.

## Application - Applicant Information

### Application | Applicant Information

3. To begin, we need to know a little more about you. The questions below help us to learn about you and provide some information needed in order to process your application as quickly and efficiently as possible.

Have you ever had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with?

If you answer yes, you will be prompted on the next page to provide your other name(s) and upload any necessary name change documentation.

Yes

4. What is your Date of Birth?

[REDACTED]

#### EMAIL NOTICE:

Email is our primary form of communication for any and all information related to your application(s) and/or license(s). To ensure you are receiving our communications, please check the following:

- Your email address is up to date
- Add [no-reply@www.colorado.gov](mailto:no-reply@www.colorado.gov) and [dpo-no-reply@state.co.us](mailto:dpo-no-reply@state.co.us) to your email client "safe senders" list.

## Application - Applicant Previous Names

### Application | Applicant Previous Names

5. You indicated on the previous page that you have had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with. Select the "add" button in the grid below to enter the name(s) used previously:

Previous Name	From Month	From Year	To Month	To Year	Reason(s) for Change	Documentation
Michelle Becker	October	1991	June	2021		

6. Please upload all legal name change documentation to assist us in verifying your credentials to process your application:

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

marriage license fr  
marriage license.

## Application - Military 2022.1

### Application | Military

7. Are you an active member of the U.S. Military, National Guard or Military Reserves?

No

8. Are you a Veteran of the U.S. Military?

No

9. Are you the spouse of an active military member who has been relocated to Colorado AND currently hold a valid and Active credential to practice your profession in another U.S. state?

No

## Prescriptive Authority - Nurse Practitioner - General Information

### Prescriptive Authority - Nurse Practitioner Application | General Information

10. Do you hold or have you already applied for a Compact Registered Nurse (RN) license *and* a Compact Advanced Practice Nurse - Nurse Practitioner Authority?

Yes

11. You must provide verification of your AANPCB and/or AACN and/or ANCC and/or NCC and/or PNCB National Certification. 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 "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

NCC 2023 licer

12. 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
New Mexico	No	New Mexico

## 13. 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.

Please enter the full, 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.

For example: 123 Main Street, Denver, CO 80201  
1219 Barelard rd SW albuquerque nm 87102

14. By checking yes, you attest 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

15. You must provide official transcripts documenting one of the following:

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

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

[official transcript](#)

16. You must provide documentation of completion of the following courses if they were not taken as part of the graduate or post-graduate program, or if they are not apparent on your transcripts:

- Physical Assessment
- Pathophysiology
- Pharmacology

Continuing education credit is not accepted; graduate credit must be awarded. If documentation is required, you must provide copies of the course description(s) or course syllabi from the same year the course was taken. Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

[official transcript](#)

17. Prior to practicing with Prescriptive Authority in Colorado, you must obtain Professional Liability Insurance, or be covered by an exemption.

By selecting "Yes" below, you are attesting that you have obtained or will obtain, prior to practicing in Colorado, professional liability insurance or that you are covered by an exemption.

Yes

18. Ready to move on? Great!

To move on to the next part of the application select your license method in the drop-down box below. Remember you can apply via:

- [Compact Prescriptive Authority - Nurse Practitioner by Original](#)
- [Compact Prescriptive Authority - Nurse Practitioner by Endorsement](#)

Endorsement

## Prescriptive Authority - Nurse Practitioner - Endorsement Information

### Prescriptive Authority - Nurse Practitioner Application | Endorsement Information

23. By checking yes, you attest that you hold prescriptive authority and completed at least 750 hours of documented prescribing experience in another state.

Yes

24. Do you currently hold an active, equivalent license in good standing in any other state or jurisdiction?

Yes

25.

- You must list ALL licenses below:

Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement(s)
Michelle Williams	New Mexico	APRN					No	
Michelle Williams	New Mexico	Certified nurse midwife					No	

26.

- You must also scan and upload verification ALL licenses below:

This verification can be a screen capture from another state website, but must indicate the original issue date and show any disciplinary actions that have been taken against your license. If you are unable to access verification from another state site, you will need to request one from them and upload it here. Do not apply if you cannot supply this verification.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

Dohwilliams  
Nmwillia

## RXN\_C-RXN Application - PDMP & DEA Information

### Advanced Practice Nurse - Prescriptive Authority | PDMP & DEA Information

If you are issued a Colorado professional license AND IF you have or obtain an active personal DEA registration, you will be required to register for the Colorado Prescription Drug Monitoring Program at [dpo.colorado.gov/PDMP](https://dpo.colorado.gov/PDMP). Select "Prescriber/Dispenser New Registration" to create an account. Please note, you will not be able to register with the Colorado PDMP until you are issued a Colorado professional license and a personal DEA registration.

27. Do you have a DEA number?

Yes

28.

- If you answered Yes to the previous question, provide your DEA number.

## Prescriptive Authority - Nurse Practitioner - Attestation

### Prescriptive Authority - Nurse Practitioner Application | Attestation

29. By submitting this online application you attest to the following statements:

- The information contained in this application is true and correct to the best of my knowledge.
- False statements made on my application could result in a violation of the practice act.

Additionally, this is a final reminder that you are submitting a COMPACT PRESCRIPTIVE AUTHORITY - NURSE PRACTITIONER registration application. If you submit the application and do not provide the information as requested, submit incomplete documentation, submit the wrong application or do not qualify, your application may be rejected. You will NOT be allowed to transfer fees and there will be NO REFUNDS given.

Please enter today's date below and select the "Next" button to agree to the above conditions:

08/29/2023

## Review

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





# Registry of Midwiv New Mexico Depart

This is primary source verif

## SEARCH

Williams, m

License ...	Applica...	License ...	Issue Da...	Expirati...	Standing	Print Lic...
Certified Nurse Midwife (CNM)	Williams, Michelle Paulette	790	07/17/20...	10/31/2023	Good	<a href="#">Print License</a>

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20 items per page

1 - 1 of 1 items

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**Verification Report**  
**Printed for COLORADO**  
**Acknowledged on**

**Personal Information**

NCSBN ID	SSN	Name (Reporting Jurisdictions)	DOB (Reporting Jurisdictions)
██████	██████	BECKER, MICHELLE PAULETTE (ALL)	██████ (ALL)

**Licenses**

Member Board Notifications	License	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam
	NV   RN   RN92491	02/17/2017	10/04/2018	ACTIVE	ENDORSEMENT	02/17/2017	
	NY   RN   657508	06/01/2015	09/30/2017	ACTIVE	EXAM	06/25/2012	████

**Address Information**

Juris.	Address	City	State	Zip	Country
NY	1924 BROADWAY AVE	PITTSBURGH	PA	15216-0000	USA
NV	1924 BROADWAY AVE	PITTSBURGH	PA	15216	USA

**Education Information**

Juris.	School Name	Graduation Date	Program	Degree	City	State
NY	ST. JOSEPH'S HOSPITAL HEALTH CENTER - ASSOCIATE DE	05/14/2012	RN	ASSOCIATES		
NV	ST JOSEPHS HOSPITAL HEALTH CENTER - ADN	05/23/2012	RN	ASSOCIATES	SYRACUSE	NY

**Discipline Information**

There are no discipline records for this individual.

*PLEASE NOTE:*

*\* Records with a jurisdiction code of '?' have not yet been associated with a specific license.*

*The exam scores are not being provided or are not available. Please do not speed memo the individual board requesting exam scores.*

# QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

**MICHELLE PAULETTE BECKER [NCSBN ID: ██████████]**

Wednesday, June 14 2017 01:29:22 PM

## Disclaimer of Representations and Warranties

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims any responsibility to update or verify such information as it is received from the individual state boards of nursing. Nursys displays the dates on which a board of nursing updated its information in Nursys.

This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

Name on license	Type	State	License	Active	Original Issue Date	Expiration Date	Compact Status	Discipline	Discipline Against Privilege to Practice
BECKER, MICHELLE PAULETTE	RN	PENNSYLVANIA	RN646075	YES	02/12/2013	04/30/2018	N/A	NO	N/A

Name on license	Type	State	License	Active	Original Issue Date	Expiration Date	Compact Status	Discipline	Discipline Against Privilege to Practice
BECKER, MICHELLE PAULETTE	RN	NEVADA	RN92491	YES	02/17/2017	10/04/2018	N/A	NO	N/A

Name on license	Type	State	License	Active	Original Issue Date	Expiration Date	Compact Status	Discipline	Discipline Against Privilege to Practice
BECKER, MICHELLE PAULETTE	RN	NEW YORK	657508	YES	06/25/2012	09/30/2017	N/A	NO	N/A

## License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist



## Where can the nurse practice as an RN and/or PN?

### Authorized to Practice in

ALABAMA (RN)	LOUISIANA (RN)	OKLAHOMA (RN)
ARIZONA (RN)	MAINE (RN)	PENNSYLVANIA (RN)
ARKANSAS (RN)	MARYLAND (RN)	SOUTH CAROLINA (RN)
COLORADO (RN)	MISSISSIPPI (RN)	SOUTH DAKOTA (RN)
DELAWARE (RN)	MISSOURI (RN)	TENNESSEE (RN)
FLORIDA (RN)	MONTANA (RN)	TEXAS (RN)
GEORGIA (RN)	NEBRASKA (RN)	UTAH (RN)
GUAM (RN)	NEW HAMPSHIRE (RN)	VERMONT (RN)
IDAHO (RN)	NEW JERSEY (RN)	VIRGINIA (RN)
INDIANA (RN)	NEW MEXICO (RN)	WASHINGTON (RN)
IOWA (RN)	NORTH CAROLINA (RN)	WEST VIRGINIA (RN)
KANSAS (RN)	NORTH DAKOTA (RN)	WISCONSIN (RN)
KENTUCKY (RN)	OHIO (RN)	WYOMING (RN)

APRN authorization to practice details are not available.

**UNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

### License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

### License status information

- Unencumbered (full unrestricted license to practice)
- Cease & Desist
- Denial of License
- Expired
- Other license action
- Probation
- Reprimand
- Restriction
- Revoked
- Suspension
- Voluntary agreement to refrain from practice
- Voluntary Surrender

### Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact (NLC) and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- **Privilege to Practice (PTP):** Multistate licensure privilege is the authority under the Nurse Licensure Compact (NLC) to practice nursing in any compact party state that is not the state of licensure. All party states have the authority in accordance with existing state due process law to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.



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www.nursys.com



## QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

**MICHELLE PAULETTE WILLIAMS [NCSBN ID: [REDACTED]]**

As of Friday September 08 2023 04:24:36 PM US Central Time

### Disclaimer of Representations and Warranties

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims any responsibility to update or verify such information as it is received from the individual state boards of nursing. Nursys displays the dates on which a board of nursing updated its information in Nursys.

This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

**UNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
WILLIAMS, MICHELLE PAULETTE	RN	NEW MEXICO	60617	YES	UNENCUMBERED	07/03/2020	10/31/2023	MULTISTATE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
WILLIAMS, MICHELLE PAULETTE	CERTIFIED NURSE PRACTITIONER	NEW MEXICO	60617	YES	UNENCUMBERED	12/09/2020	10/31/2023	N/A
<b>Advanced Practice license/recognition information</b> <ul style="list-style-type: none"> <li>Focus/Specialty: Women's health/gender-related</li> <li>Prescription authority: YES</li> <li>Certification expiration date: 05/15/2023</li> <li>Focus/Specialty expiration date: 05/15/2023 - Not Active</li> </ul>								

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BECKER, MICHELLE PAULETTE	RN	CALIFORNIA-RN	95156412	NO	EXPIRED	03/01/2018	11/30/2021	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BECKER, MICHELLE PAULETTE	RN	COLORADO	1648630	NO	EXPIRED	06/20/2017	07/08/2019	NONE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BECKER, MICHELLE P	RN	DISTRICT OF COLUMBIA	RN1047205	NO	EXPIRED	01/04/2018	06/30/2020	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BECKER, MICHELLE PAULETTE	RN	MARYLAND	R230107	NO	EXPIRED	10/04/2017	10/28/2021	NONE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BECKER, MICHELLE PAULETTE	RN	MARYLAND	T20171256	NO	EXPIRED (see history)	09/20/2017	12/19/2017	NONE
<b>Primary source Boards of Nursing message &amp; notification history</b> <ul style="list-style-type: none"> <li>12/18/2018 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.</li> </ul>								

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BECKER, MICHELLE PAULETTE	RN	NEVADA	RN92491	NO	EXPIRED	02/17/2017	10/04/2020	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BECKER, MICHELLE PAULETTE	RN	NEVADA	TRN351562	NO	EXPIRED (see history)	01/24/2017	02/17/2017	N/A
<b>Primary source Boards of Nursing message &amp; notification history</b> <ul style="list-style-type: none"> <li>10/05/2020 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.</li> </ul>								

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BECKER, MICHELLE PAULETTE	RN	NEW YORK	657508	NO	EXPIRED	06/25/2012	09/30/2020	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BECKER, MICHELLE PAULETTE	RN	NORTH CAROLINA	303494	NO	EXPIRED	04/26/2018	10/31/2019	NONE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BECKER, MICHELLE PAULETTE	RN	NORTH CAROLINA	T108850	NO	EXPIRED (see history)	05/17/2017	11/17/2017	NONE
<b>Primary source Boards of Nursing message &amp; notification history</b> <ul style="list-style-type: none"> <li>This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.</li> </ul>								

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BECKER, MICHELLE PAULETTE	RN	PENNSYLVANIA	RN646075	NO	EXPIRED	02/12/2013	04/30/2020	NONE

### Where can the nurse practice as an RN and/or PN?

#### Authorized to Practice in

ALABAMA (RN)	LOUISIANA (RN)	OKLAHOMA (RN)
ARIZONA (RN)	MAINE (RN)	PENNSYLVANIA (RN)
ARKANSAS (RN)	MARYLAND (RN)	SOUTH CAROLINA (RN)
COLORADO (RN)	MISSISSIPPI (RN)	SOUTH DAKOTA (RN)
DELAWARE (RN)	MISSOURI (RN)	TENNESSEE (RN)
FLORIDA (RN)	MONTANA (RN)	TEXAS (RN)
GEORGIA (RN)	NEBRASKA (RN)	UTAH (RN)
GUAM (RN)	NEW HAMPSHIRE (RN)	VERMONT (RN)
IDAHO (RN)	NEW JERSEY (RN)	VIRGINIA (RN)
INDIANA (RN)	NEW MEXICO (RN)	WASHINGTON (RN)
IOWA (RN)	NORTH CAROLINA (RN)	WEST VIRGINIA (RN)
KANSAS (RN)	NORTH DAKOTA (RN)	WISCONSIN (RN)
KENTUCKY (RN)	OHIO (RN)	WYOMING (RN)

APRN authorization to practice details are not available.

**UNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

#### License type information

- RN:** Registered Nurse
- PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- CNP:** Certified Nurse Practitioner
- CNS:** Clinical Nurse Specialist
- CNM:** Certified Nurse Midwife
- CRNA:** Certified Registered Nurse Anesthetist

#### License status information

- Unencumbered (full unrestricted license to practice)
- Cease & Desist
- Denial of License
- Expired
- Other license action
- Probation
- Reprimand
- Restriction
- Revoked
- Suspension
- Voluntary agreement to refrain from practice
- Voluntary Surrender

#### Nurse Licensure Compact (NLC) information



- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact (NLC) and the privilege is not otherwise restricted.
  - **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
  - **Privilege to Practice (PTP):** Multistate licensure privilege is the authority under the Nurse Licensure Compact (NLC) to practice nursing in any compact party state that is not the state of licensure. All party states have the authority in accordance with existing state due process law to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.
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### Your Licenses with New Mexico

[Apply for License](#)

License Number	License Type	Compact Status	License Granted Date	License Expiration Date	License Status
60617	RN	Multistate	Jul 03, 2020	Oct 31, 2023	• Active
60617	APRN-CNP	N/A	Dec 09, 2020	Oct 31, 2023	• Active

[More ▾](#)

[View Prescriptive Authority Details](#)

License data provided by the New Mexico State Board of Nursing

CREDENTIAL STATUS HISTORY SUMMARY

**Name:** Michelle Paulette Williams

**License:** Compact Nurse Practitioner - C-RXN C-RXN.0100782-C-NP

**License Status:** Active

**License Status Reason:** CURRENT

**First Issuance date:** 09/08/2023

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

**Date:** 3/1/2024

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

Status	Reason	Date Changed	User
Active	CURRENT	09/08/2023	Automated
Pending Supervisor Review	PENDING SUPERVISOR REVIEW	09/08/2023	Automated
Pending Specialist Secondary Review	PENDING SPECIALIST SECONDARY REVIEW	09/08/2023	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License



**CREDENTIAL STATUS HISTORY SUMMARY****Name:** Michelle Paulette Williams**Date:** 3/1/2024**License:** Registered Nurse RN.1648630**License Status:** Expired**License Status Reason:** EXPIRED**First Issuance date:** 06/20/2017**License expiration date:** 07/08/2019

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

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<b>Status</b>	<b>Reason</b>	<b>Date Changed</b>	<b>User</b>
Expired	EXPIRED	07/08/2019	Shannon May
Active	CURRENT	06/20/2017	Automated
Pending Quality Assurance	PENDING QUALITY ASSURANCE	06/20/2017	Automated
Pending Supervisor Review	PENDING SUPERVISOR REVIEW	06/14/2017	Automated
Pending Specialist Secondary Review	PENDING SPECIALIST SECONDARY REVIEW	06/14/2017	Automated
Pending Specialist Initial Review - Online App	PENDING SPECIALIST INITIAL REVIEW - ONLINE APP		New License
Pending Specialist Initial Review - Online App	PENDING SPECIALIST INITIAL REVIEW		New License



CREDENTIAL STATUS HISTORY SUMMARY

**Name:** Michelle Paulette Williams

**License:** Compact Nurse Practitioner - C-APN C-APN.0101216-C-NP

**License Status:** Active

**License Status Reason:** CURRENT

**First Issuance date:** 09/08/2023

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

**Date:** 3/1/2024

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

Status	Reason	Date Changed	User
Active	CURRENT	09/08/2023	Automated
Pending	QUALITY ASSURANCE	09/08/2023	Automated
Pending	INTERNAL CONTROL APPROVAL	09/08/2023	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

