WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE APPLICATION FOR: ORDER GRANTING LIMITED

FULL REINSTATEMENT OF

: LICENSE TO COMPLETE **BOARD-APPROVED**

MARGARET STOIBER License 97033-30

Respondent

NURSE REFRESHER COURSE

ORDER0002656

The Applicant, Margaret Stoiber, voluntarily and knowingly hereby agrees to the issuance of a LIMITED license for the purpose of completing a board-approved nurse refresher course in lieu of submitting additional information of nursing work in another jurisdiction, current education or experience which demonstrates continued competence in the field of nursing, pursuant to s. 440.08(3)(b), Stats. and s. N 5.08(2)(b), Code.

NOW, THEREFORE, IT IS ORDERED that a LIMITED license shall be GRANTED to the Respondent for the sole purpose of allowing participation in a board-approved nurse refresher course.

IT IS FURTHER ORDERED that the limited license shall be valid for one (1) year from the date of issuance. If the refresher course is not completed within one year, the limited license will expire and the Respondent will need to reapply for a limited license to complete the course.

IT IS FURTHER ORDERED that upon successful completion of the refresher course the Respondent may petition the board for reinstatement of a full license.

Dated this A day of October, 2013.

STATE OF WISCONSIN BOARD OF NURSING

STATE OF WISCONSIN BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE APPLICATION FOR LICENSE OF

REQUEST FOR ORDER GRANTINGLIMITED LICENSE TO COMPLETE

BOARD-APPROVED NURSING

MARGARET M STOIBER RN License #: 97033-30

: REFRESHER COURSE

MARGARET STOIBER 4620 S HEARTH RIDGE DR NEW BERLIN WI 53151

I, <u>Margaret Stoiber</u>, have not renewed my license as a Registered Nurse within 5 years of the date it expired and am unable to document nursing work in other jurisdictions, or document current education or experience in the field. Therefore, I request a LIMITED license pursuant to § N5.08(2)(b) to enable me to complete a board-approved nursing refresher course.

I understand that the LIMITED license will be for the SOLE PURPOSE of enabling me to complete the refresher course and that I am not permitted to use the limited license granted herein to engage in any employment as a nurse.

The limited license shall be valid for ONE (1) YEAR from the date of issuance. I understand that I may petition the board for issuance of a full license. If the refresher course is not completed within this timeframe, I must reapply for a limited license. Upon successful completion of the nursing refresher course,

(Applicant's Signature)

Date