WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN BEFORE THE BOARD OF NURSING

IN THE MATTER OF APPLICATION FOR LICENSURE BY ENDORSEMENT OF

SARAH C SMITH

Lic.# 198373-30

ORDER GRANTING LIMITED LICENSE TO COMPLETE BOARD-APPROVED NURSING REFRESHER COURSE 0002823

SARAH SMITH 3401 EBNER COULEE RD LACROSSE WI 54601

The applicant, SARAH SMITH, applied for a nursing license by endorsement and has not been employed in a position that requires a nursing license within 5 years of her application and must satisfy the Board of Nursing that she is currently competent to practice the profession pursuant to Wis. Stats. § 441.06(1). The applicant knowingly and voluntarily agrees to the issuance of a LIMITED license for the sole purpose of taking a nurse refresher course pursuant to Wis. Admin. Code § 3.04(1m).

NOW, THEREFORE, IT IS ORDERED that a LIMITED license shall be GRANTED to the applicant for the sole purpose of allowing her to complete the board approved nursing refresher course. The limited license does not authorize the applicant to engage in any other nursing employment in the state of Wisconsin.

IT IS FURTHER ORDERED that pursuant to Uniform Nurse Compact, this LIMITED license for the SOLE PURPOSE of enabling the applicant to complete the refresher course is limited to Wisconsin during the pendency of this limitation. This requirement may be waived only upon the prior written authorization of both the Wisconsin Board of Nursing and the regulatory board in the state in which the applicant proposes to practice.

IT IS FURTHER ORDERED that the limited license shall expire one (1) year from the date of issuance and shall not be renewed except by petition to the board with good cause shown for lack of timely completion of the refresher course. Upon successful completion of the nursing refresher course, the applicant may petition the board for a full license.

IT IS FURTHER ORDERED that any reports, requests or petitions and other information required by this Order to be submitted to the board shall be mailed, e-mailed, faxed or delivered to: Department Monitor, Department of Safety and Professional Services, P.O. Box 8935, Madison, WI 53708-8935, Fax: (608) 266-2264, Telephone: (608) 267-3817, Email: <u>department.monitor@dsps.wi.gov</u>.

Dated this 54 day of \ bcember 2013.

STATE OF WISCONSIN, BOARD OF NURSING

Bv A member of the Board

STATE OF WISCONSIN BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE APPLICATION	: APPLICATION FOR ORDER GRANTING
FOR LICENSE BY ENDORSEMENT OF	: LIMITED LICENSE TO COMPLETE
	: BOARD-APPROVED NURSING
SARAH C SMITH	: REFRESHER COURSE
Application # : 484623	:
	0002823

SARAH SMITH 3401 EBNER COULEE RD LACROSSE WI 54601

I, ______, have applied for ticensure in Wisconsin as a Registered Nurse by Endorsement. I have not been employed in a position which requires a nurse license within 5 years since the date of my application for licensure by endorsement. Therefore, I request a LIMITED license pursuant to § N3.04 (1m) 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.

I understand that pursuant to Uniform Nurse Compact, this LIMITED license for the SOLE PURPOSE of enabling me to complete the refresher course is limited to Wisconsin during the pendency of this limitation. This requirement may be waived only upon the prior written authorization of both the Wisconsin Board of Nursing and the regulatory board in the state in which I propose to practice.

The limited license shall be valid for ONE (1) YEAR from the date of issuance.

Upon successful completion of the nursing refresher course, I understand that I may petition the board for issuance of a full license.

<u>c</u> <u>c</u> <u>k</u>

(Applicant's Signature)

11 / 71 / 13 Date