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

RENEWAL AFTER FIVE (5) YEARS OF

: LICENSE TO COMPLETE

: BOARD-APPROVED

BETH PEPPI ER

License 117854-30

Applicant

: NURSE REFRESHER COURSE

0006093

Beth Peppler (Applicant), voluntarily and knowingly agrees to the issuance of a LIMITED license for the SOLE PURPOSE of completing a Board-approved nurse refresher course in lieu of submitting additional documentation of employment requiring a nursing license within the last five (5) years or education equivalent to a nursing refresher course, pursuant to Wis. Stat. § 440.08(3)(b) and Wis. Admin. Code §§ SPS 4.10 and N 2.40(3)(d)2.

NOW, THEREFORE, IT IS ORDERED that Applicant is GRANTED a LIMITED license for the SOLE PURPOSE of completion of a Board-approved nurse refresher course.

IT IS FURTHER ORDERED that pursuant to Enhanced 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.

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 (1) year, the limited license will expire, and the Applicant 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 Applicant will receive full licensure once all other requirements are met.

Dated this 8th day of March, 2019.

STATE OF WISCONSIN **BOARD OF NURSING**

STATE OF WISCONSIN BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE APPLICATION FOR RENEWAL AFTER FIVE YEARS LICENSE OF : REQUEST FOR ORDER GRANTING : LIMITED LICENSE TO COMPLETE

: BOARD-APPROVED NURSING

: REFRESHER COURSE

BETH PEPPLER License #: 117854-30

BETH PEPPLER W312S6570 WILLOW SPRINGS DR. MUKWONAGO WI 53149

I, ______, have not renewed my license as a Registered Nurse within five (5) years of the date my license expired and I 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 Wis. Admin. Code § N 2.40(3)(d)2, 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 nursing 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 Enhanced Nurse Licensure 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.

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 by submitting documentation demonstrating successful completion of a Board-approved nursing refresher course. If the nursing refresher course is not completed within this timeframe, I must reapply for a limited license.

(Applicant's Signature)

2 14 19 Date