

WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.
202412013-1

Originating Department:	Superior Court
Division/Program: (i.e. Dept, Division and Program)	Juvenile Court Administration
Contract or Grant Administrator:	Kristine Glasgow, Detention Manager
Contractor's / Agency Name:	Shawna Bosman, Advanced Registered Nurse Practitioner

Is this a New Contract? Yes ☐ No ☒ If not, is this an Amendment or Renewal to an Existing Contract? Yes ☒ No ☐
 If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: 202412013

Does contract require Council Approval? Yes ☒ No ☐ If No, include WCC: _____
 Already approved? Council Approved Date: _____ (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)

Is this a grant agreement? Yes ☐ No ☒ If yes, grantor agency contract number(s): _____ CFDA#: _____

Is this contract grant funded? Yes ☐ No ☒ If yes, Whatcom County grant contract number(s): _____

Is this contract the result of a RFP or Bid process? Yes ☒ No ☐ If yes, RFP and Bid number(s): 24-83 Contract _____ Cost Center: 10007011.6635

Is this agreement excluded from E-Verify? No ☒ Yes ☐ If no, include Attachment D Contractor Declaration form.

If YES, indicate exclusion(s) below:

<input checked="" type="checkbox"/> Professional services agreement for certified/licensed professional.	<input type="checkbox"/> Goods and services provided due to an emergency
<input type="checkbox"/> Contract work is for less than \$100,000.	<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).
<input type="checkbox"/> Contract work is for less than 120 days.	<input type="checkbox"/> Work related subcontract less than \$25,000.
<input type="checkbox"/> Interlocal Agreement (between Governments).	<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.

Contract Amount:(sum of original contract amount and any prior amendments): \$ 35,919.00 This Amendment Amount: \$ 69,600.00 Total Amended Amount: \$ 105,519.00	Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when: <ol style="list-style-type: none"> 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance. 5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.
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Summary of Scope:

Shawna Bosman, Advanced Registered Nurse Practitioner will provide sick call, examination, diagnosis, testing, and oversight of all prescribed medications to the youth housed in the Detention Center (See Contract Exhibit A for detailed Scope of Work). She will provide oversight of medical services provided under the HCA Reentry Initiative. Shawna will coordinate with Detention staff and the Jail Health nurses to ensure that youth in Detention receive the appropriate medical care.

Term of Contract: 1 year	Expiration Date: 12/31/2026
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Contract Routing:	1. Prepared by: Kristine Glasgow, Detention Manager	Date: 10/08/2025
	2. Attorney signoff: Christopher Quinn	Date: 11/05/25
	3. AS Finance reviewed:	Date: _____
	4. IT reviewed (if IT related): N/A	Date: _____
	5. Contractor signed: Shawna Bosman	Date: 11/7/2025
	6. Executive contract review:	Date: _____
	7. Council approved, if necessary:	Date: _____
	8. Executive signed:	Date: _____
	9. Original to Council:	Date: _____

Whatcom County Contract No.

202412013-1

Amendment No. 1
Whatcom County Contract No. 202412013
CONTRACT BETWEEN WHATCOM COUNTY AND
Shawna Bosman , ARNP

THIS AMENDMENT is to the Contract between Whatcom County and Shawna Bosman, dated November 1, 2025 and designated "Whatcom County Contract No.202412013". In consideration of the mutual benefits to be derived, the parties agree to the following:

This Amendment extends the term of this Agreement through December 31, 2026, and increases the maximum consideration by \$33,681 to a total consideration of \$69,600, see details of compensation in Exhibit B .

This Amendment also adds the following to the Scope of Work, Exhibit A: Provides oversight of the medical services provided under the Health Care Authority Reentry Initiative, including identification of plan coverage in ProviderOne, medical assessment of all youth within 24 hours of intake, coordination with Behavioral Health staff/provider regarding the development of a care plan, and releasing youth with an appropriate amount of medication. Coordinates with administrative staff to ensure information is shared with the Managed Care Organization under which the youth is covered. Coordinates with administrative staff on the submission of claims to the Third-Party Administrator.

Unless specifically amended by this agreement, all other terms and conditions of the original contract shall remain in full force and effect.

This Amendment takes effect: January 1, 2026, regardless of the date of signature.

IN WITNESS WHEREOF, Whatcom County and Shawna Bosman have executed this Amendment on the date and year below written.

DATED this 7th day of November, 2025

CONTRACTOR:

CONTRACTOR NAME
Shawna Bosman, ARNP

Shawna Bosman, ARNP

Shawna Bosman, ARNP



STATE OF WASHINGTON)

) ss.

COUNTY OF WHATCOM)

On this 7 day of 11, 2025, before me personally appeared Shawna Bosman to me known to be the ARNP- Contractor of the N/A and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

Lynnea A. Pettit
NOTARY PUBLIC in and for the State of Washington,

Lynnea A. Pettit printed name,
residing at Whatcom Co.
My commission expires 04.12.27

WHATCOM COUNTY:

Recommended for Approval:


Stephanie Kraft, Superior and Juvenile Court Administrator
11/10/25 Date

Approved as to form:

electronic approval 11/5/25
Christopher Quinn Date

Approved:

Accepted for Whatcom County:

By: _____
Satpal Singh Sidhu, Whatcom County Executive

STATE OF WASHINGTON)
) ss
COUNTY OF WHATCOM)

On this _____ day of _____, 20____, before me personally appeared Satpal Singh Sidhu, to me known to be the Executive of Whatcom County, who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

NOTARY PUBLIC in and for the State of Washington,
_____, printed name.
residing at _____. My commission
expires _____.

CONTRACTOR INFORMATION:

Shawna Bosman, ARNP
1650 Van Dyk Road
Lynden, WA 98264
360-393-8757
shawnabosman@hotmail.com

EXHIBIT "A"
(SCOPE OF WORK)

Nurse Practitioner duties will include:

- Performs services in Juvenile Detention Center approximately two to three days per week. Provides phone/text consults with nurses, the Detention Manager, and Detention staff, as needed.
- Holds clinic and sees all youth that have submitted a nurse request and youth that staff have requested be seen. Coordinates with Jail Health Nurses to ensure all youth are offered medical screenings/assessment within 24 hours of intake and as needed.
- Works with nurses to review booking information, including health history and current medication use for all newly detained youth.
- Pulls and prepares medical records for clinic including filling in the names and dates. Interviews clients to obtain relevant history and records on medical record.
- Communicates, as necessary, with the youth's primary medical provider regarding pertinent medical information and current medication.
- Approves medications to be continued in the facility. Monitors medication needs of youth to ensure prescriptions and/or prescription refills are ordered and received in a timely manner.
- Confers with detention officers regarding the health of detained youth and the need to see any youth on an urgent basis.
- Assesses, diagnoses, and treats, as medically indicated, any youth who: Requests sick call, has noted an acute or chronic medical problem requiring evaluation or medication on the booking health screen record, or has been referred for evaluation by detention, probation staff, or the youth's parent.
- Assesses and treats opioid addicted youth in the custody of Juvenile Detention, which may include implementing withdrawal protocol, prescribing buprenorphine, and referral to community provider upon release. Maintains training and licensing require to provide this service.
- Provides oversight of the medical services provided under the Health Care Authority Reentry Initiative, including identification of plan coverage in ProviderOne, medical assessment of all youth within 24 hours of intake, coordination with Behavioral Health staff/provider regarding the development of a care plan, and releasing youth with an appropriate amount of medication.
- Coordinates with administrative staff to ensure information is shared with the Managed Care Organization under which the youth is covered.
- Coordinates with administrative staff on the submission of claims to the Third-Party Administrator.
- Coordinates with and reviews the work of jail nurses when performing nursing services in the Juvenile Detention facility to ensure consistency of medical services provided to incarcerated youth.
- Refers youth to outside medical or dental services, as needed. Notifies Detention Manager regarding any outside referrals.
- Informs detention staff about medical treatment that will involve them or restrict the youth's activity. Documents instructions in the youth's detention file in addition to their medical chart.

- Consults with the Health Officer of Whatcom County Health and Human Services regarding any significant communicable disease outbreak or other serious concerns.
- Prepares exam room for daily clinics. Keeps clinic area clean and organized. Cleans room at end of day.
- Collects, labels and prepares specimens for transport, including performing lab testing. Appropriately stores specimens awaiting transport.
- Administers and reads Tuberculosis (PPD) skin tests on juvenile detention clients and refers positive results to the TB clinic nurse in the Health Department.
- Maintains medical documentation. Writes medication cards and reviews cards to determine if there are missed or refused doses. Checks for medication errors and reports any found to the Detention Manager.
- Conducts a monthly inventory of medical supplies and notifies the Detention Manager of any items needed.

EXHIBIT "B"
(COMPENSATION)

1. The 2026 maximum consideration shall not exceed \$69,600. This accounts for up to 370 hours of medical services provided, and includes an administrative fee of up to \$3,000 for required licensure, training, insurance, and operating expenses. Hours and expenses will be specified as follows:

Juvenile Detention Medical services

- a. Up to 3.5 hours per week of Juvenile Detention Medical Services @\$180.00 per hour, not to exceed \$32,760.00.
- b. Up to 14.5 hours on call Juvenile Detention Medical Services @\$180.00 per hour, not to exceed \$2,610.00.
- c. Administrative expenses including licensure, insurance, training, and operating expenses, not to exceed \$550.00.

Health Care Reentry Medical Support services will include:

- a. 2.5 hours per week of Health Care Reentry Medical Support Services @\$180.00 per hour, not to exceed \$23,400.00.
- b. 43.5 hours on call Health Care Reentry Medical Support Services @\$180.00 per hour, not to exceed \$7,830.00.
- c. Administrative expenses including licensure, insurance, training, and operating expenses, not to exceed \$2,450.00.

2. Each in-person session will be billed at a minimum of one hour of service @\$180.00 for the first hour or any part thereof. Time in excess of one hour will be billed in increments of one-half hour at \$90.00 each half hour, or part thereof. When not at the Detention Center, the Provider is available on an on-call basis. Each on-call session will be billed at a minimum of on-half hour at \$90.00 each half hour, or part thereof.
3. The Provider shall provide the County with a monthly invoice for services rendered. The invoice shall be itemized by the date, time, the number of hours worked by category (listed above). Administrative expenses will be listed as separate line items under one of the two categories (listed above) on the invoice. Supporting documentation in the form of paid invoice copies and receipts for licensing, training, insurance and operating expenses shall be attached to monthly invoices to the County.

Payment for Services:

Invoices received at the beginning of the month shall be paid by the end of the month. It is understood that at the end of the calendar year, all bills for service must be presented to the county by January 10th of the following year, at the latest.



Nursys e-Notify Report

Your licenses from Nursys e-Notify participating boards of nursing

Primary Source Boards of Nursing Report Summary for

SHAWNA BOSMAN [NCSBN ID: 6835772]

As of Saturday January 18 2025 07:18:24 AM 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
BOSMAN, SHAWNA	CERTIFIED NURSE PRACTITIONER	WASHINGTON	AP30006011	YES	UNENCUMBERED	09/14/2001	02/10/2027	N/A

Advanced Practice license/recognition information

- Focus/Specialty: Family/individual across the lifespan
- Prescription authority: YES
- Certification expiration date: 08/31/2026
- Focus/Specialty expiration date: NOT SUPPLIED

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BOSMAN, SHAWNA	RN	WASHINGTON	RN00131109	YES	UNENCUMBERED	08/06/1998	02/10/2026	SINGLE STATE

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

Authorized to Practice in

WASHINGTON (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



HSI
1450 Westec Drive
Eugene, OR 97402
800-447-3177

11/5/2024
Shawna Bosman

Dear Shawna

Congratulations on successfully completing your HSI Adult First Aid | CPR AED All Ages (2020) -DC class. This HSI-Approved Training Center has chosen to issue your certification card digitally.

The digital certification card below is identical to a printed version of the card. It documents that you have demonstrated achievement of the required knowledge and hands-on skill objectives of the training program to the satisfaction of a currently authorized HSI Instructor. Your digital certification card may be printed for validation of certification. If further proof is required, scan the QR Code or go to www.hsi.com/validation and follow the instructions. The QR Code link in this letter will stay active. If you lose this letter, you may request a copy from the Training Center named below.

We strongly recommend that you download and save a copy of this letter for safekeeping.

To download the digital student book for this class or to complete a short evaluation of your class and instructor, please go to www.hsi.com/passport and register using the following number: 202662

Whatcom County EMS Administrative Office
Bellingham, WA



Certification Validation QR Code



Shawna Bosman

has demonstrated achievement of the required knowledge and hands-on skill evaluation(s) according to the certification requirements of the training program indicated below.

☐ ADULT ☒ ADULT/CHILD/INFANT ☐ ADULT/CHILD ☐ ADULT/INFANT
Card is void if more than one box is checked / Check boxes reflect CPR AED options

ADULT FIRST AID | CPR AED

C6222B703

Steven Cohen

Authorized Instructor (Print Name)

3901474

Registry No.

10/31/2024

Class Completion Date

360-820-6157

Training Center Phone No.

10/2026

Expiration Date

5486539

Training Center I.D.

This Adult First Aid | CPR AED training program conforms with the 2020 American Heart Association (AHA) Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care and the 2020 AHA and American Red Cross Focused Update for First Aid. This training program was not designed to meet pediatric first aid training requirements and should not be used for that purpose.

Expiration date may not exceed two years from month of class completion.



Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the Company)

28 Liberty Street, 4th Floor

New York, NY 10005

DECLARATIONS

Policy Number: AHY-1220850101

Renewal Of: New

SECTION I

Item

1. Named Insured: Shawna K Bosman

2. Mailing Address: 1650 Van Dyk Rd
Lynden, WA 98264

3. Policy Period: From: 02/01/2025 To: 02/01/2026
12:01 A. M. Standard Time At Location of Designated Premises

4. Business or Profession: NP Family Affiliation: 700001- Nurses Professional Liability - AHCPGA

5. The Named Insured is a(n): ☐ Partnership ☐ Corporation ☒ Individual ☐ LLC
☐ Sole Proprietor (with employees) ☐ Professional Association ☐ Other

This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsements(s): HCPL-2037i (01/14), HCPL-2038 (11/09), HCPL-8101A (04/14)

HCPL-2037-9000-WA (04/14)

ADM-OFAC-0419,

HCPL-8320 (01/15), HCPL-8321 (01/15), HCPL-8324 (01/15), HCPL-8328 (02/15)

SECTION II

Item	COVERAGE	Premium
A.	Professional Liability [X]	\$1,414.00
B.	General Liability []	
	Terrorism Risk Insurance Act []	
C.	Endorsements []	

TOTAL: \$1,414.00

LIMITS OF LIABILITY

\$1,000,000 Each Incident and Each Occurrence \$6,000,000 Aggregate

SECTION III

SUPPLEMENTARY PAYMENTS

- A. First Party Assault
- B. Licensing Board Reimbursement
- C. Wage Loss and Expense
- D. Deposition Expense
- E. First Aid Reimbursement

Representative Agent:

AMBA

In CA dba Assn Member Benefits & Insurance Agency

P.O. Box 14554

Des Moines, IA 50306

1 1

HCPL-2037D (11/09)

MEMORANDUM OF INSURANCE

Date Issued 01/02/2025

Producer

AMBA
P.O. Box 14554
Des Moines, IA 50306
1-800-375-2764

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Company Affording Coverage
Liberty Insurance Underwriters Inc.

Insured

Shawna K Bosman
1650 Van Dyk Rd
Lynden, WA 98264

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability NP/CNS SEMbr NP Family	AHY-1220850101	02/01/2025	02/01/2026	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$6,000,000

PROOF OF INSURANCE

Memorandum Holder:

PROOF OF COVERAGE ONLY

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
Stephen Miller

Stephen Miller

REAL REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MB0801072	07-31-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MLP-NURSE PRACTITIONER	06-06-2023
BOSMAN, SHAWNA K (ARNP) WHATCOM COUNTY JAIL/JUVENILE DETENTION 311 GRAND AVE WHATCOM COUNTY JAIL JUVENILE DETENTION BELLINGHAM, WA 982254048		

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537
REGISTERED ACTIVITY WITHIN SCHEDULE IS RESTRICTED BY YOUR
STATE
Sections 304 and 1008 (21 USC 824 and 958) of the
Controlled Substances Act of 1970, as amended, provide
that the Attorney General may revoke or suspend a
registration to manufacture, distribute, dispense, import or
export a controlled substance.
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF
OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY,
AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

REPORT
CHANGES
PROMPTLY

Form DEA-223J511 (9/2016)

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE
To request a change to your registered name, address, the drug
schedule or the drug codes you handle, please
1. visit our web site at deaddiversion.usdoj.gov - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:
Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639
See Title 21 Code of Federal Regulations, Section 1301.51
for complete instructions

----- You have been registered to handle the following chemical/drug codes: -----