



STATE OF MAINE
 BOARD OF NURSING
 158 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0158

JOHN ELIAS BALDACCI
 GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.
 EXECUTIVE DIRECTOR

December 9, 2008

Dawn M. Noyce
 83 Lake Drive
 Oakdale, CT 06370

Dear Ms. Noyce:

At its December 3-4, 2008 meeting, the Board reviewed and voted to deny your request for application for license as a registered professional nurse by endorsement.

You may appeal this decision and request a formal hearing before the Board by filing a written request with the Board within 30 days of receipt of this letter. Do not hesitate to contact this office if you have any questions.

Sincerely,

Myra A. Broadway, J.D., M.S., R.N.
 Executive Director

MAB:vle

pc: John H. Richards, Assistant Attorney General

CERTIFIED MAIL RETURN RECEIPT REQUESTED 7005 1820 0002 9002 3601

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Myra Broadway</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>DAWN NOYCE</i>	C. Date of Delivery <i>12-13-08</i>
DAWN M NOYCE 83 LAKE DR OAKDALE CT 06370	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	