

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

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

June 16, 2009

Dale A. Carr, RN 46 Route 135 Monmouth, ME 04259

Dear Mr. Carr:

Pursuant to information received from Jane Atkinson, Maine Department of Health & Human Services, Division of Support Enforcement and Recovery, via FAX dated June 15, 2009, this is to inform you that your nursing license revoked on June 12, 2009 has been reinstated. This reinstatement is based on the fact that you are in compliance with Maine Law.

Sincerely,

Myra A. Broadway, JD, MS, RN

Executive Director

MAB/jcw

pc: Brenda M. Harvey, Commissioner - DHHS

Jane Atkinson, Support Enforcement & Recovery - DHHS

John H. Richards, Assistant Attorney General



Maine Departn Division of Suppo	nent of Health & Human Se et Enforcement and Rocovery	rvices (DEH	(S)		
Obligor Parent:	Dale A. Carr 46 Route 135 Monmouth, Maine 04259		Dat	Case ID: Case ID: ember ID: e of Birth: License #:	
		3	DMPLIANCE 2201(8), 2022(8)		
The person iden	tified above has been subject	to action by	DHHS to revoke	e a driver's	or other license. This
person has com	plied with Maine law, or is	currently cor	nsidered exempt	from enfo	rcement. Any license
which has been r	evoked or is in process of be	ng revoked n	nay be restored a	s of <u>Jun</u>	e 15, 2009
Dated: <u>Jun</u>	e 15, 2009	Signed Telephone:	Jane B. Ackinso 207-624-8020	in Co	Munh

ENF-426 R0903



PHONE: (207) 287-1133

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

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

June 12, 2009

Dale A. Carr 46 Route 135 Monmouth, ME 04259

Dear Mr. Carr,

NOTICE OF LICENSURE REVOCATION

The Department of Human Services, Division of Support Enforcement and Recovery, has filed a Certificate of Noncompliance with a Support Order against your nursing license, R037127. The Maine State Board of Nursing hereby notifies you that, pursuant to 19-A M.R.S.A. Section 2201(6), your nursing license is hereby revoked because you have been certified by the Department of Human Services as a support obligor who is not in compliance with a court order of support. The Board's revocation is deemed a final determination pursuant to 5 M.R.S.A. Section 10002. The Board may consider renewal or re-issuance of your nursing license upon receipt of written confirmation of your compliance with the order of compliance issued by the Department of Human Services, Division of Support Enforcement and Recovery.

The status of your license will appear June 12, 2009 on the web site as REVOKED. Practice of nursing by you after receipt of this notice is punishable as a Class E crime, pursuant to 32 M.R.S.A. Section 2106(5) and (6). The State may bring an action in Superior Court to enjoin a person from unlicensed practice, regardless of whether criminal proceedings have been or may be instituted.

This notice is issued by authority of 19-A M.R.S.A. Section 2201(7) and the Maine Child Support Enforcement Manual, Chapter 21(7).

MYRA A. BROADWAY

Executive Director

Maine State Board of Nursing

pc: Brenda M. Harvey, Commissioner, Maine Department of Health & Human Services Jane Atkinson, Enforcement Agent, Div. of Support Enf. & Recovery John H. Richards, Assistant Attorney General

CERTIFIED RETURN RECEIPT REQUESTED 7005 1820 0002 9002 4622



NOTICE OF CERTIFICATION TO REVOKE YOUR LICENSE(S) and/or RECREATIONAL VEHICLE REGISTRATION(S)

To:

MYRA BROADWAY

BOARD OF NURSING

158 SHS

AUGUSTA, ME 04333

From: JANE ATKINSON

ENFORCEMENT AGENT

DIVISION OF SUPPORT ENF & RECOVERY

35 ANTHONY AVE. AUGUSTA, ME 04333

(207) 624-8020

Re:

DALE A. CARR

46 ROUTE 135

MONMOUTH, ME 04259

Case ID:

SSN:

DOB: 2/24/1971

The person named above has been verified by DHHS as an obligor who has not met the terms of a legal Child Support Order. You Must:

X Revoke or Suspend the following License(s) and/or Recreational vehicle registration(s) issued to the person named above:

R037127

NURSING LPN

RECEIVED

JUN 12 2009

BOARD OF NURSING

If you have any questions, contact the person from DHHS listed above.

Dated: 6/9/2009

Signec

Title: Commissioner

Dept. of Health Human Services

This notice is issued by authority of 19-A M.R.S.A. Sections 2201(6), (12-A), (13) and/or 2202(7) and is a final determination under 5 M.R.S.A. Section 10002.