



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

March 15, 2010

Elizabeth A. Davis
 PO Box 334
 Franklin, ME 04634

Dear Ms. Davis:

This is to notify you that on March 3, 2010, the Maine State Board of Nursing ("the Board") voted to suspend your registered professional nurse license effective immediately pursuant to 5 M.R.S.A. Section 10004(3), based upon the immediate jeopardy your continued practice of registered professional nursing poses to your health and safety and the health and safety of the public.

You will be scheduled for an adjudicatory hearing; notification regarding specific date and time will be forthcoming.

Sincerely,

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

MAB:jew

pc: Barbara Beal, RN/VP Nursing – Maine Coast Memorial Hospital
 John H. Richards, Asst. Attorney General

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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Elizabeth Davis</i></p>
<p>1. Article Addressed to:</p> <p><i>Elizabeth A. Davis PO Box 334 Franklin, Maine 04634</i></p>	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>3-23-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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