

Saco River Health Care Center

355 Pool Street P.O. Box 364 Biddeford, Maine 04005

207-283-3646

September 24, 1984

Jean Carron, R.N.
Maine State Board of Nursing
295 Water Street
Augusta, Maine 04330

RECEIVED

SEP 26 1984

MAINE STATE
BOARD OF NURSING

Dear Ms. Carron,

In response to our telephone conversation of September 14, 1984, I am sending you copies of application, license and letters of recommendation of Constance Godfrey.

One of the letters of recommendation she gave me was from Marion Stickney, Administrator of Trull Nursing Home in Biddeford. I know Mrs. Stickney personally and recognized that was not her signature, nor did the paper have any letter heading of the Trull. I called Mrs. Stickney and she told me that indeed she never wrote her a letter of recommendation. And actually Constance Godfrey was terminated there for a variety of reasons. Also C. Godfrey stated in her application and in letter of recommendation that she was the Assistant Director of Nursing at the Trull during her employment. Mrs. Stickney told me she was definitely not an Ass't DON but, only a staff member.

Copy to
J. Foster
9/26/84

Saco River Health Care Center

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My Administrator, Marcella Sowerby remembered C. Godfrey. She had worked at Sanford Health Care Facility while Mrs. Sowerby was the Administrator there. Mrs. Sowerby terminated her employment there for a variety of reasons. After which, Mrs. Sowerby found that C. Godfrey was passing out letters of recommendations from Mrs. Sowerby. Mrs. Sowerby stated that she never wrote any type of letter for her.

C. Godfrey stated that she did not work in any type of nursing position during the years of 1980- 1983. This was also a false statement because according to the records of Trull Nursing Home and Sanford Health Care Facility she was employed there during those years..

I thank you for all your help with this matter. If I can be of further assistance, please, do not hesitate to call me.

With Regards,

Barbara L. Gomillion, R.N.

Barbara L. Gomillion, R.N.

Director of Nursing



KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330
TOPEKA, KANSAS 66601

Telephone 913/296-4929

September 21, 1984

Elizabeth T. Richard, R.N.
Assistant Executive Director
Maine State Board of Nursing
295 Water Street
Augusta, Maine 04330

Dear Mrs. Richard:

Thank you for your letter of September 12, 1984, in which you inquire about the verification form for Constance Joan Creasey Godfrey. This form was not sent from the Kansas Board of Nursing.

This letter will confirm the information which I shared with you on the phone earlier this week. The verification form which you received is a fraudulent one. My signature was forged, the state seal is not the one we use for verifications, the license number is fraudulent, and completely out of the sequence of numbers we issue to RNs. I believe you have an imposter on your hands.

A few years ago a woman answering this discription wrote to me and asked me to verify the fact that she had graduated from St. Francis Hospital, Wichita. At that time, I looked into the matter and was unable to confirm the graduation, or any evidence that she had attended the approved nursing program. The applicant (possible Ms. Godfrey) was unable to furnish any proof of graduation. At the time, I wrote to her and told her we would not be able to verify her to any other state since we were unable to verify her graduation from a nursing program. We are currently reviewing our old files and microfilm and will forward a copy of the correspondence to you when we locate it. By the way, there is no Kansas Institute. We do have a Kansas Neurological Institute here in Topeka. She may have worked there.

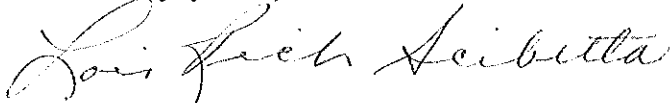
I will forward a copy of our correspondence to the Board's attorney to determine if the State of Kansas will take action against Ms. Godfrey for forging the signature of a state official, and state documents.

Elizabeth T. Richard, R.N.
September 21, 1984
Page 2

Please do keep us informed of the progress of this case.

With best personal regards to you and Jean.

Sincerely yours,



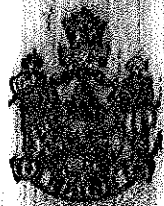
Lois Rich Scibetta, Ph.D., R.N.
Executive Administrator

LRS/amm

CCs: Nancy Ulrich, Assistant Attorney General
Stephen Garlow, Assistant Attorney General

RECEIVED
SEP 24 1984
MAINE STATE
BOARD OF NURSING

TR 9/24/84



MAINE STATE BOARD OF NURSING

205 Water Street Augusta, Maine 04330
(207) 289-2921

APPLICATION FOR LICENSE AS A REGISTERED PROFESSIONAL NURSE
BY ENDORSEMENT

DO NOT WRITE IN THIS SPACE

Application Received SEP 28 1982

Application approved by Board of Nursing:

Fee: Cash Check MO 40.00

William D. Pyles
President

Receipt # 288234

Elizabeth T. Richard
Asst. Executive Director

License Date 12/20/82

12/20/82
Date

LICENSE NUMBER 26131

INSTRUCTIONS. An applicant for a license to practice as a registered professional nurse in Maine must submit to the office of the Board of Nursing the following:

1. application form completed in ink or typewritten and properly notarized with signature in applicant's handwriting, and
2. required fee of \$10.00 in the form of check or money order, made payable to the Treasurer of State of Maine, and
3. recent passport type photograph (not more than two years old), signed and dated, and attached to application form as indicated.

The Board of Nursing in the State which issued your original license by examination will be requested to verify your original licensure. You will be informed if a fee is required for this service.

A nurse currently licensed in another state may not practice in Maine until notified by the Maine State Board of Nursing that a completed application and the required fee have been received.

The application fee is not refundable.

SECTION I.

Print legal name *CONSTANCE JOAN Godfrey CREASEY*
(first) (middle) (last) (maiden name, if any)

Present address *P.O. Box 1161 Cold N. BERWICK Rd.*
(street and number or route)

SANFORD YORK MAINE 04073
(city) (county) (state and zip code)

Permanent address *S.A.M.E.*
(street and number or route)

(city) (county) (state and zip code)

School of Nursing *ST. FRANCIS*
(name)

929 N. ST. FRANCIS WICHITA KANSAS
(address)

Date of entrance *1961* Date of graduation *June 1965*
(month and year) (month and year)

Diploma or Degree in Nursing *N.Y.*

Date of Birth 11/24/28 (month/day/year) Place of Birth OSSEENING, New York (city and state) Social Sec. # [REDACTED] 0942

General education: High School Ellenville N.S. Ellenville New York (name and location)

Date of graduation G.E.D. 1959

University or college KANSAS U. IN CONJUNCTION w/ ST. FRANCIS HOSPITAL (name and location)

Degree or number of credits 50 yrs. FORMAL EDUCATION Date

SECTION II

Original registration: State KANSAS Year 1965 License No. 660 4217

By: Examination Waiver

Currently licensed in: KANSAS (name of state/s)

List clinical courses or academic preparation beyond basic nursing program. Specify name and address of school or program; inclusive dates; degree or number of credits, if any.

KANSAS INSTITUTE, N. MAIN ST. WICHITA KANSAS
DEGREE MA - CERTIFIED 1975

ST FRANCIS HOSPITAL, N. ST. FRANCIS, WICHITA KS.
RN 1965

ALL PHOTOSTATIC COPIES SENT PRIOR TO THIS APPLICATION

Employment in nursing since graduation:

Full-time practice 1-2 (No. of years) (Inclusive dates)

Part-time practice 1 (No. of years) 1965 1966 (Inclusive dates)

List nursing positions held, locations and dates for the past five years:

1980 - DIAGNOSAN HAMAN RELATIONS - NOT DIRECT PRACTICE
BUT RETERAL 1-YEAR POSITION ENDED.
HAVE NOT WORKED SINCE THEN. HAVE SENT
FOR SCHEDULE OF COURSES OFFERED IN BIDDEFORD.
SINCE HUSBAND IS NO LONGER WITH ME, I MUST
RETURN TO WORK
(Medi-Lodge) STAFFORD NURSING HOME WICHITA KS.
SUPERVISOR & MEDICATION NURSE
LEFT BECAUSE WE MOVED OUT OF STATE.

Present employment: UNEMPLOYED

Present position

Name and address of employer

Where in Maine do you plan to work? NURSING HOME, IN OR AROUND SANFORD, ME.

APPLICATIONS AT: N. Home affiliated w/ Goodall Hospital, Sanford
Quality Care Nursing Service, Portland Me.
Kennelbunk Nursing Home, Kennebunk Me.

44/12/82
50/1/82
RECEIVED

To: Kansas #6604217
Jurisdiction

A request for licensure by endorsement as a registered nurse has been received from the applicant identified below.

Name and address: Constance Joan Creasey Godfrey/PO Box 1161/Sanford, ME 04073

School of Nursing: St. Francis/Wichita, KS

Year of Graduation: 06/65

Elyse T. Rinkov, R.N.
Assistant Executive Director, Maine State Board of Nursing

VERIFICATION OF LICENSURE

1. Secondary School credentials indicate: Graduation Yes No.....

Equivalent Examination: n/a Score Other 660 1959

2. School of Nursing: State Accredited: Yes No.....

Type and Length of Nursing Education Program: Registered Nursing Program
Three Year Term - I Year Kansas Institute*

3. Method of Licensure:

a. Examination b. Waiver..... c. Endorsement.....

If licensed by Waiver cite essential elements waived

4. Examination Results: State Board Test Pool Examination Series State Registry

Grade or Scores: Medical Nursing 92... 95* Surgical Nursing 82... 94*
Obstetric Nursing 85 Nursing of Children 87
Psychiatric Nursing 88... 82* Orthopedic 97... 87*

Other type Test Psychology 91* List Subjects and Results on Back of Form
Specify

5. License: Original Number 6604217 Date Issued 09/65

Present Status: Current 09/83 Expiration Date
Inactive

Lapsed Expiration Date

6. Has license ever been suspended or revoked or encumbered in any way? (surrendered, restricted, limited, placed on probation)
In State of original licensure: Yes..... No

In another State no Reason
Name State
If license suspended, has licensure been reinstated: Yes..... No.....

I certify the above information to be a true report for the above-named nurse according to records in this office.

Official Seal



Elyse T. Rinkov
Signature of Authorized Person
Executive Administrator
Title

Kansas State Board of Nursing
Jurisdiction - State or Country

Date: II 15/82

SECTION III.

Insert in the space indicated a passport type photograph, not more than two years' old, with your signature and the date the photograph was taken written on the front of the photograph.

9-27-82
Diane J. Godfrey



AFFIDAVIT

State of Maine
County York

Diane J. Godfrey, being duly sworn, says that he/she is the person referred to in the foregoing application for license as a registered nurse in the State of Maine; that the statements therein contained are true to the best of his/her knowledge and belief; that he/she has complied with all requirements of the law; that he/she has read and understands this affidavit; and that the applicant's signature is his/her own handwriting.

Sworn to before me this 27th
day of September, 1982

Diane J. Godfrey
(Applicant's signature)
Diane J. Godfrey
Notary Public
Justice of the Peace
(Cancel title not applying)

[Seal]

My commission expires 11/1/88, 1988