



PAUL R. LEPAGE  
GOVERNOR

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

December 21, 2011

Scott L. Knudsen  
1702 Shelbourne Road Unit 457  
South Burlington, VT 05403-7718

Dear Mr. Knudsen:

At its November 28 – 29, 2011 meeting, the Board reviewed and voted to deny your request for Renewal of your License as a Registered Professional Nurse.

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/clb

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	
	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	<i>X Angela Grove</i>	<i>12-23-11</i>
SCOTT L. KNUDSEN 1702 SHELBOURNE ROAD UNIT 457 SOUTH BURLINGTON, VT 05403-7718	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 (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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