

GOVERNOR

March 7, 2011

Lycia D. Morley

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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. 1. Article Addressed to: A COO N Hayden Rd	A. Signature Agent Addressee B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Scottscale, AZ 85257	3. Service Type Certified Mail

2. Article Number

(Transfer from service label)

7005 1820 0002 9002 5209

4. Restricted Delivery? (Extra Fee)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

☐ Yes

Dear Ms. Morley:

Scottsdale, AZ 85257

2700 N Hayden Road, Apt.

This is to notify you that at its March 2-3, 2011 meeting, the Maine State Board of Nursing voted to suspend your Registered Professional Nurse license, effective immediately, pursuant to 5 M.R.S. Section 10004(3) based upon the practice of fraud and deceit in renewal of your Maine registered professional nursing license.

As soon as a date and time have been confirmed, you will receive a Notice of Hearing under separate cover.

Sincerely,

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

Executive Director

MAB/jcw

pc:

Mary Rappoport, RN/MN – AZ Board of Nursing

John H. Richards, Assistant Attorney General

CERTIFIED RETURN RECEIPT REQUESTED 7005 1820 0002 900 5209

