



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

October 18, 2004

Lowell H. Briggs
 185 Pine Street, Apt. 606
 Manchester, CT 06040

Dear Mr. Briggs:

At its October 6-7, 2004 meeting, the Board reviewed and voted to deny your request for application for license as a registered professional nurse by endorsement based on apparent fraud and deceit in completing your application. You failed to disclose that you had been denied licensure in Arizona, a 1973 conviction for lewd and lascivious act in Connecticut and a 1987 conviction in Florida for exposure of sexual organs.

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| <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 checked="" type="checkbox"/> <i>Lowell H. Briggs</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Lowell H. Briggs</i> <i>10/24/04</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>1. Article Addressed to: LOWELL H BRIGGS 185 PINE ST APT 606 MANCHESTER CT 06040</p> | <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

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