



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

June 3, 2005

Maria I. Cromwell
 12 Division Street, #1
 Bangor, ME 04401

Dear Ms. Cromwell:

At its June 1-2, 2005 meeting, the Board reviewed and voted to deny your request for application for license as a registered professional nurse by endorsement based on fraud and deceit in completing the application.

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:vl

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Pat Bean</i>
1. Article Addressed to: <i>Maria I. Cromwell 12 Division St. #1 Bangor ME 04401</i>	B. Received by (Printed Name) C. Date of Delivery <i>PAT BEAN</i> <i>6/15/05</i>
2. Article Number (Transfer from service label) 7002 2410 0000 9356 7002	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <i>53 Ohio St. Apt. 1 Bangor Me 04401</i>
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