



PAUL R. LEPAGE
GOVERNOR

September 26, 2012

Kevin Mark Collier
1503 S Abercorn Street
Urbana, IL 61802-4747

SENDER: COMPLETE THIS SECTION

- 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:

Kevin Mark Collier
1503 S Abercorn St
Urbana, IL
61802-4747

2. Article Number
(Transfer from service label)

7005 1820 0002 9002 3977

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature X		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) KEVIN MARK COLLIER	C. Date of Delivery 10-10-12	
D. Is delivery address different from item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <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.

4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
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RE: Notice of Preliminary Denial of Application for License by Endorsement

Dear Mr. Collier:

This letter will serve to advise that your Application for License As a Registered Professional Nurse by Endorsement was DENIED by the Board at its September 18-19, 2012 meeting. Specifically, the Board determined that your application failed to meet the requirements as follows:

32 MRS § 2105-A (2) (B). Habitual substance abuse that has resulted or is foreseeable likely to result in your performing services in a manner that endangers the health or safety of patients.

32 MRS § 2105-A (2) (G). Subject to the limitations of Title 5, Chapter 341, conviction of a crime that relates directly to the practice for which the licensee is licensed or conviction of a crime for which incarceration for one year or more may be imposed.

You may appeal this decision by sending a written request for an adjudicatory hearing to the Board within thirty (30) days of your receipt of this Notice of Denial. If you file a timely request for a hearing, it will be scheduled at a later date. If you fail to file a written request with the Board for a hearing, the denial will become final and is a reportable action to all appropriate healthcare data banks.

Please contact me if you have any questions concerning this matter.

Sincerely,

Myra A. Broadway, JD, MS, RN
Executive Director

pc: John H. Richards, Assistant Attorney General

CERTIFIED RETURN RECEIPT REQUESTED 7005 1820 0002 9002 3977



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OFFICES LOCATED AT: 161 CAPITOL ST., AUGUSTA, ME
<http://www.maine.gov/boardofnursing/>

PHONE: (207) 287-1133

FAX: (207) 287-1149