

2016 License Renewal

Renewal - 10.122020

Name	MADELINE AVILES
Credential	10.122020

Fee Details

Renewal Fee	\$110.00
	\$110.00

Demographic Information-Renewal

-
1. Please provide your Date of Birth
12/23/1978
 2. Gender
Female
 3. Ethnicity: Please choose one
Hispanic or Latino
 4. Race:
Hispanic/Latino

Email Address Verification

Please be advised that the Department will no longer be mailing hardcopy licenses and renewal notices. Rather, licenses and renewal notices will be sent via email. You will receive an electronic copy of your license via email within a few days of completing this transaction. Renewal notices will be sent via email approximately 60 days prior to your license expiration date. After you complete this transaction, please select the 'My Account' link at the top right of the homepage and make sure that your email address on file is correct. If it is not correct, please update it. Thank you.

5. By entering a date in this field, I confirm that I will verify that the Department has my correct email address on file.
12/27/2016

Current Work Force Status

-
6. What is your current work status in your licensed profession?
Full-time (30 hours or more per week)

Practice Location

Please identify the location of the primary site where you spend the most time in the practice of your profession.

7. Address 1
8. Address 2
9. City
10. State
11. Zip Code

Educational Information

-
12. What is the name of the school (education program) you graduated from that qualified you for your first US license?
Goodwin College

13. In what city was this education program located?
East Hartford
14. In what state was this education program located? (Two-letter abbreviation)
CT
15. What is your highest level of education?
Associate Degree-Nursing
16. Are you currently licensed/certified as a . . .
Not licensed/certified as any of the above.
17. What is your employment status?
Actively employed in nursing or in a position that requires a nurse license - Full-time
18. In what country did you receive your entry-level education?
UNITED STATES (USA)

Employment Setting

19. How many hours do you work during a typical week in all your nursing positions?
30
20. Please indicate the zip code of your primary employer.
06106
21. Please identify the type of setting that most closely corresponds to your primary nursing practice position.
Community Health
22. Please identify the position title that most closely corresponds to your primary nursing practice position.
Staff Nurse
23. Please list all states in which you hold an active license to practice as an RN or LPN/VN.
Connecticut

States Where You Practice

24. List all states in which you are currently practicing.
Connecticut

Practice Specialty

25. If unemployed, please indicate the reason
26. Please identify the employment specialty that most closely corresponds to your primary nursing practice position.
Women's Health
27. Please identify the type of setting that most closely corresponds to your secondary nursing practice position.
28. Please identify the position title that most closely corresponds to your secondary nursing practice position.
29. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position.

Ethnicity

30. What is your race/ethnicity? (Check all that apply)

Hispanic/Latino

Attestation

31. Within the last year, have you been convicted of a felony?

No

32. If yes, please provide details here

33. Within the last year, have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority?

No

34. If yes, please provide details here

35. **By completing this renewal online, I verify that all the information I have provided is accurate and that I satisfy the renewal requirements that apply to my license.**

12/27/2016

36. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.

12/27/2016

Important Note

To continue processing your renewal, please click "Add to Invoice" on the NEXT screen (read the rest of this information first).

On the top right of the invoice screen, select "**Pay Invoice**".

PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.

Thank you for processing your renewal online.

Review

2015 License Renewal

Renewal - 10.122020

Name MADELINE AVILES
Credential 10.122020

Fee Details

Renewal Fee \$110.00
\$110.00

Demographic Information-Renewal

2. First Name
MADELINE

3. Middle Initial

4. Last Name
AVILES

5. Maiden Name

1. Please provide your Date of Birth.
12/23/1978

6. Gender
Female

7. Ethnicity: Please choose one:
Hispanic or Latino

8. Race:
Hispanic/Latino

Current Work Force Status

9. What is your current work status in your licensed profession?
Full-time (30 hours or more per week)

Practice Location

If you are providing direct patient care, please identify the location of the primary site where you spend the most time providing direct patient care.

10. Address 1
1 Main Street

11. Address 2

12. City
Hartford

13. State
Connecticut

14. Zip Code
06106

Educational Information

15. What is the name of the school (education program) you graduated from that qualified you for your first US RN license?
Goodwin College
16. In what city was this education program located?
East Hartford
17. In what state was this education program located? (Two-letter abbreviation)
CT
18. What is your highest level of education?
Associate Degree-Nursing
19. Are you currently licensed/certified as a . . .
Not licensed/certified as any of the above.
20. What is your employment status?
Actively employed in nursing or in a position that requires a nurse license - Full-time
21. In what country did you receive your entry-level education?
UNITED STATES (USA)

Employment Setting

22. How many hours do you work during a typical week in all your nursing positions?
35
23. Please indicate the zip code of your primary employer.
06106
24. Please identify the type of setting that most closely corresponds to your primary nursing practice position.
Community Health
25. Please identify the position title that most closely corresponds to your primary nursing practice position.
Staff Nurse
26. Please list all states in which you hold an active license to practice as an RN or LPN/VN.
Connecticut

States Where You Practice

27. List all states in which you are currently practicing.
Connecticut

Practice Specialty

28. If unemployed, please indicate the reason
29. Please identify the employment specialty that most closely corresponds to your primary nursing practice position.
Maternal-Child Health
30. Please identify the type of setting that most closely corresponds to your secondary nursing practice position.
31. Please identify the position title that most closely corresponds to your secondary nursing practice position.
32. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position.

Ethnicity

33. What is your race/ethnicity? (Check all that apply)
Hispanic/Latino

Attestation

34. Within the last year, have you been convicted of a felony?
No

38. If yes, please provide details here

35. Within the last year, have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority?
No

39. If yes, please provide details here

36. **By completing this renewal online, I verify that all the information I have provided is accurate and that I satisfy the renewal requirements that apply to my license.**
11/12/2015

37. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.
11/12/2015

Important Note

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On the review screen, click **"Add to Invoice."**

On the top right of the invoice screen, select **"Pay Invoice"**.

PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.

Please note that you will receive your new licensing documents (2 wallet-sized cards and 1 suitable for posting) during the third week of next month.

Thank you for processing your renewal online.

Review

2014 License Renewal

Renewal - 10.122020

Name MADELINE AVILES
Credential 10.122020

Fee Details

Renewal Fee \$105.00
\$105.00

Demographic Information-Renewal

1. First Name
MADELINE
2. Middle Initial
3. Last Name
AVILES
4. Maiden Name
5. Please provide your Date of Birth.
12/23/1978
6. Gender
Female
7. Ethnicity: Please choose one:
Hispanic or Latino
8. Race:
Hispanic/Latino

Current Work Force Status

9. What is your current work status in your licensed profession?
Full-time (30 hours or more per week)

Practice Location

If you are providing direct patient care, please identify the location of the primary site where you spend the most time providing direct patient care.

10. Address 1
11. Address 2
12. City
13. State
14. Zip Code

Educational Information

15. What is the name of the school (education program) you graduated from that qualified you for your first US RN license?
Goodwin College
16. In what city was this education program located?
East Hartford
17. In what state was this education program located? (Two-letter abbreviation)
CT
18. What is your highest level of education?
Associate Degree-Nursing
19. Are you currently licensed/certified as a . . .
Not licensed/certified as any of the above.
20. What is your employment status?
Unemployed - seeking work as a nurse
21. In what country did you receive your entry-level education?
UNITED STATES (USA)

Employment Setting

22. How many hours do you work during a typical week in all your nursing positions?
23. Please indicate the zip code of your primary employer.
24. Please identify the type of setting that most closely corresponds to your primary nursing practice position.
25. Please identify the position title that most closely corresponds to your primary nursing practice position.
26. Please list all states in which you hold an active license to practice as an RN or LPN/VN.
Connecticut

States Where You Practice

27. List all states in which you are currently practicing.

Practice Specialty

28. If unemployed, please indicate the reason
Difficulty in finding a nursing position
29. Please identify the employment specialty that most closely corresponds to your primary nursing practice position.
Medial Surgical
30. Please identify the type of setting that most closely corresponds to your secondary nursing practice position.
31. Please identify the position title that most closely corresponds to your secondary nursing practice position.
32. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position.

Ethnicity

33. What is your race/ethnicity? (Check all that apply)

Hispanic/Latino

Attestation

34. Within the last year, have you been convicted of a felony?

No

35. If yes, please provide details here

36. Within the last year, have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority?

No

37. If yes, please provide details here

38. **By completing this renewal online, I verify that all the information I have provided is accurate and that I satisfy the renewal requirements that apply to my license.**

01/16/2015

39. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.

01/16/2015

Important Note

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Thank you for processing your renewal online.

Review

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Registered Nurse Licensing Application
Email: dph.nursingteam@ct.gov
Website: www.ct.gov/dph/license

REC'D JUN 25 2014

This application must be accompanied by a check or money order payable to "Treasurer, State of Connecticut" for the amount of \$100.00.
 → Return completed application and fee to:
 CT DPH, RN Application Processing, 410 Capitol Blvd, Hartford, CT 06134

First Name Madeline		MI	Last Name Aviles		Maiden Name Diaz	Social Security Number [REDACTED]	
Email Address Madieaviles@gmail.com		Street Address 272 Bingham St		City New Britain	State CT	Postal Code 06051	
Telephone Number 860-801-0734		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth 12/23/1978		Ethnicity: check (✓) <input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Race: Please check (✓) all that apply <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White							
Have you held a Connecticut registered nurse license in the past?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lic. No.
Are you now or have you ever been licensed as a registered nurse in any U.S. state or Canadian province? If yes, please list all (please abbreviate): _____							
Do you wish to be issued a 120 calendar day, non-renewable temporary permit (Out-of state licensed applicants only).						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Nursing School Goodwin College		City East Hartford	State CT	Country USA	NCLEX Program Code (Exam Applicants Only) 69-400	End Date 05/12/2014	
If you plan to take the NCLEX examination, will you require accommodation for any disability? If yes, attach a statement describing the nature of the disability and the requested accommodation.						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: Any hospital, nursing home, clinic, or similar institution; Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public; Any professional school, clinical clerkship, internship, externship, preceptorship; or postgraduate training program; Any third party reimbursement program, whether governmental or private?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If you answered yes to any of the above questions regarding your professional history, please provide full details and provide supporting documentation (e.g. certified court copy with court seal affixed, complaint, answer, judgment, settlement or disposition) that will assist this office's review.							
NOTARIZATION: On this <u>16th</u> day of <u>April</u> , 20 <u>14</u> , the above referenced individual personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein or any document attached hereto are true in every respect.							
Sworn to before me this <u>16th</u> day of <u>April</u> , 20 <u>14</u>							
Signature of Applicant <u>Madeline Aviles</u>		Signature of Notary Public <u>Stephanie S Connell</u>			My Commission Expires: <u>01/31/2015</u>		

