

2017 License Renewal

Renewal - 10.108065

Name	JUSTINE ANTONIA MONTE
Credential	10.108065

Fee Details

Renewal Fee	\$110.00
	\$110.00

Demographic Information-Renewal

-
1. Please provide your Date of Birth
03/15/1990
 2. Gender
Female
 3. Ethnicity: Please choose one
Not Hispanic or Latino
 4. Race:
White

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.
03/23/2017

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
1 main street suite N1
8. Address 2
9. City
HARTFORD
10. State
CT
11. Zip Code
06106

Educational Information

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

13. In what city was this education program located?
Fairfield
14. In what state was this education program located? (Two-letter abbreviation)
CT
15. What is your highest level of education?
Baccalaureate 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?
35
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.
Ambulatory Care Setting
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)

White/Caucasian

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.**

03/23/2017

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.

03/23/2017

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

2016 License Renewal

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Name	JUSTINE ANTONIA MONTE
Credential	10.108065

Fee Details

Renewal Fee	\$110.00
	\$110.00

Demographic Information-Renewal

2. First Name
JUSTINE
3. Middle Initial
ANTONIA
4. Last Name
MONTE
5. Maiden Name
1. Please provide your Date of Birth
03/15/1990
6. Gender
Female
7. Ethnicity: Please choose one
Not Hispanic or Latino
8. Race:
White

Email Address Verification

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9. By entering a date in this field, I confirm that I have verified that the Department has my correct email address on file.
02/18/2016

Current Work Force Status

10. 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.

11. Address 1
1 main street, hartfordt, ct, 06106
12. Address 2
13. City

14. State

15. Zip Code

Educational Information

16. What is the name of the school (education program) you graduated from that qualified you for your first US RN license?
Sacred Heart University

17. In what city was this education program located?
Fairfield

18. In what state was this education program located? (Two-letter abbreviation)
ct

19. What is your highest level of education?
Baccalaureate Degree - Nursing

20. Are you currently licensed/certified as a . . .
Not licensed/certified as any of the above.

21. What is your employment status?
Actively employed in nursing or in a position that requires a nurse license - Full-time

22. In what country did you receive your entry-level education?
UNITED STATES (USA)

Employment Setting

23. How many hours do you work during a typical week in all your nursing positions?
36

24. Please indicate the zip code of your primary employer.
06106

25. Please identify the type of setting that most closely corresponds to your primary nursing practice position.
Ambulatory Care Setting

26. Please identify the position title that most closely corresponds to your primary nursing practice position.
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27. Please list all states in which you hold an active license to practice as an RN or LPN/VN.
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28. List all states in which you are currently practicing.
Connecticut

Practice Specialty

29. If unemployed, please indicate the reason

30. Please identify the employment specialty that most closely corresponds to your primary nursing practice position.
Women's Health

31. Please identify the type of setting that most closely corresponds to your secondary nursing practice position.

No Secondary Practice Position

32. Please identify the position title that most closely corresponds to your secondary nursing practice position.

No Secondary Practice Position

33. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position.

No Secondary Practice Position

Ethnicity

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

White/Caucasian

Attestation

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

No

39. 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

40. If yes, please provide details here

37. **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.**

02/18/2016

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02/18/2016

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Fee

Pursuant to Public Act 15-5, the Connecticut General Assembly passed legislation that increased license renewal fees by \$5.00. The additional \$5.00 fee is allocated for services provided by the Health Assistance InterVention Education Network (HAVEN), a confidential program designed to assist qualifying health care practitioners who suffer from chemical dependency, emotional or behavioral disorders, or physical or mental illness to maintain their license while receiving the support necessary to practice safely and effectively. To learn more about HAVEN, please visit their website at <http://www.haven-ct.org/>.

Review

2015 License Renewal

Renewal - 10.108065

Name JUSTINE ANTONIA MONTE
Credential 10.108065

Fee Details

Renewal Fee \$105.00
\$105.00

Demographic Information-Renewal

1. First Name
JUSTINE
2. Middle Initial
ANTONIA
3. Last Name
MONTE
4. Maiden Name
5. Please provide your Date of Birth.
03/15/1990
6. Gender
Female
7. Ethnicity: Please choose one:
Not Hispanic or Latino
8. Race:
White

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
Hartford GYN Center 1 Main Street, Hartford, CT, 06106
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?
Sacred Heart University
16. In what city was this education program located?
Fairfield
17. In what state was this education program located? (Two-letter abbreviation)
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Ethnicity

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

Attestation

34. Within the last year, have you been convicted of a felony?
No
35. If yes, please provide details here
NA
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
NA
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.**
02/05/2015
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.
02/05/2015

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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



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

OFFICE USE ONLY	
LICENSE NO.:	_____
DATE ISSUED:	_____
EXP. DATE:	_____

APPLICATION FOR LICENSURE TO PRACTICE AS A REGISTERED NURSE

Please check one: ENDORSEMENT REINSTATEMENT EXAMINATION

First Name: Justine MI: A Last Name: Monte Maiden Name: N/A

Social Security No.: [REDACTED] E-mail: montej@sacredheart.edu

Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: Justine Antonia Monte

Address: 34 Raymond Street

City, State, Zip: New London, CT, 06320

Phone Number: (203) 418-0051 Date of Birth: 03 / 15 / 1990 Gender: Female
Month Day Year

NURSING EDUCATION:

School of nursing: Sacred Heart University School program code: 69531 (Exam candidates only)

Address: 5151 Park Ave, Fairfield, CT 06320
No. & Street City State Zip Code

Month & year entered: 09/08 Month & year completed: 05/12 Length of course: 4 years

Have you ever taken the SBTPE or NCLEX for registered nurse in Connecticut or in any other state?
 Yes No If yes, where and when? _____

At the exam, do you require accommodation for any disabling condition? Yes No If Yes, attach a separate written statement to the application, briefly describing the nature of your disability and the accommodation you are seeking. Upon review of your request, this office will contact you for appropriate documentation.

List all states/territories/Canadian provinces in which you are now or have ever been licensed. Please attach an additional sheet if needed.

Name under which you were originally licensed: _____

STATE	LICENSE NO.	EXPIRATION DATE	TYPE: (LPN, RN, APRN)

REC'D JUN 10 2012

PROFESSIONAL HISTORY. Please answer each question below, referring to the instructions if applicable.

1. Have you ever been censured, disciplined, dismissed or expelled from, been put on probation, or been requested to resign or withdraw from any health care institution or agency, or third party reimbursement program, whether governmental or private? YES NO
 If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement.

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? YES NO
 If your answer is "yes", give names of professional society or association, date and reasons your membership or certification was suspended or revoked on a separate notarized statement.

3. Have you ever, in any state, the District of Columbia, a United States possession or territory, any branch of the armed services, or a foreign jurisdiction:

a) had any professional licensing or disciplinary body limit, restrict, suspend or revoke any professional license, certificate, or registration granted to you, or impose a fine or reprimand, or take any other disciplinary action against you? YES NO

b) in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration? YES NO

c) been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body? You need not report any complaints dismissed as without merit. YES NO

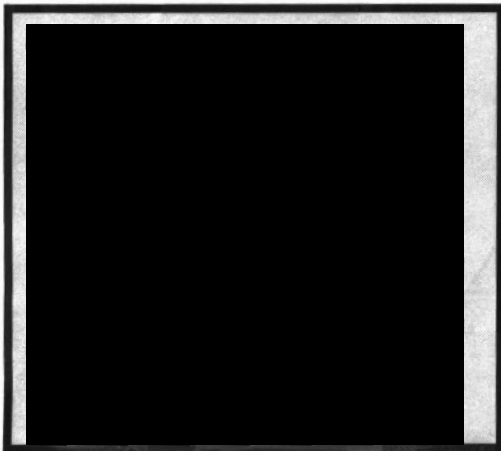
d) entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body? YES NO

If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement.

4. 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? YES NO

If your answer is "yes", give full details, dates, etc. on a separate notarized statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.

PHOTOGRAPH:



TEMPORARY PERMIT

(For endorsement/reinstatement applicants only)

If applying for a temporary permit please tape a copy of current, valid license to practice nursing in any U.S. state or territory here. License must show expiration date.

DO NOT STAPLE

NOTARIZATION:

On this 9th day of July of 20 12, Justine Monte (applicant's name) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application, the photograph attached hereto is a true picture of self, the copy of the license above is valid and belongs to the such person and that the statements made herein are true in every respect.

Justine Monte Sworn to before me this 9th day of July of 20 12.
SIGNATURE OF APPLICANT

[Signature]
SIGNATURE OF NOTARY PUBLIC

My commission expires 3/31/2013
PAMELA M. ROWE
NOTARY PUBLIC
MY COMMISSION EXPIRES MAR. 31, 2013

Please return this application and fee for \$180.00 (certified check or money order) made payable to, "Treasurer, State of Connecticut" to:

Department of Public Health
Registered Nurse Licensure- Remittance Unit
410 Capitol Avenue MS#12MQA
P.O. Box 340308
Hartford, CT 06134-0308.