# Licensee Information

Note: to print this page properly select File, Page Setup, and Landscape.

Close Window

#### Name

Full Name: Rebecca Krieger

#### License Information

License Number: RN2297319

Profession: **NURSING** Certified Nurse Practitioner -- CNP License Type:

9/28/2017 Date of Last Renewal: Issue Date:

**Expiration Date:** 12/26/2018 <u> License Status:</u> Current Reciprocity State: 3/16/2018 Today's Date:

#### Address Information

City: Chelmsford State: MA 01824 Zipcode: Country: **United States** 

#### **Education Information**

School Name: Univ Of Massachusetts Graduate School Of Nursing

Masters in Nursing Degree Certificate:

University of Massachusetts Worcester Master of Science School Name:

Degree Certificate:

## Prerequisite Information

Licensee: Krieger, Rebecca Relationship: Self Automatic License No: RN2297319

### **Disciplinary Information**

This website displays disciplinary actions taken against a license since 1993. For information on any disciplinary actions taken before 1993, contact the Board that issued the license.

Important: Disciplinary actions taken against a license will NOT display on any other license or associated permit or authorization. You must look up every license, permit, or authorization held by a licensee to see all disciplinary actions.

Case #	Date Closed	Discipline	Discipline Start	Discipline End
	Currently there is	s no disciplinary infor	mation regarding this licens	se.