

## 2016 License Renewal

**Renewal - 10.122020**

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Name	MADELINE AVILES
Credential	10.122020

**Fee Details**

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Renewal Fee	\$110.00
	<b>\$110.00</b>

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**Demographic Information-Renewal**

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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**

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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**

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

**Practice Location**

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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**

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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**

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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**

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

### **Practice Specialty**

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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**

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

Hispanic/Latino

### Attestation

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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

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**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

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## 2015 License Renewal

**Renewal - 10.122020**

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Name MADELINE AVILES  
Credential 10.122020

**Fee Details**

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Renewal Fee \$110.00  
**\$110.00**

**Demographic Information-Renewal**

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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**

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

**Practice Location**

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**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**

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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

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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

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

### Practice Specialty

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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**

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

**Attestation**

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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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**To continue processing your renewal, please click "Next" below (read the rest of this information first).**

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**

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## 2014 License Renewal

**Renewal - 10.122020**

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Name MADELINE AVILES  
Credential 10.122020

**Fee Details**

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Renewal Fee \$105.00  
**\$105.00**

**Demographic Information-Renewal**

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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**

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

**Practice Location**

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**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**

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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

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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

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

### Practice Specialty

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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

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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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**To continue processing your renewal, please click "Next" below (read the rest of this information first).**

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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

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STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
Registered Nurse Licensing Application  
Email: [dph.nursingteam@ct.gov](mailto:dph.nursingteam@ct.gov)  
Website: [www.ct.gov/dph/license](http://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 <b>Madeline</b>	MI	Last Name <b>Aviles</b>	Maiden Name <b>Diaz</b>	Social Security Number [REDACTED]
Email Address <b>Maddieaviles@gmail.com</b>	Street Address <b>272 Bingham St</b>	City <b>New Britain</b>	State <b>CT</b>	Postal Code <b>06051</b>
Telephone Number <b>860-801-0734</b>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth <b>12/23/1978</b>	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 <b>Goodwin College</b>	City <b>East Hartford</b>	State <b>CT</b>	Country <b>USA</b>	NCLEX Program Code (Exam Applicants Only) <b>69-400</b> End Date <b>05/12/2014</b>
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>				
<u>Madeline Aviles</u> Signature of Applicant		<u>Stephanie S Connell</u> Signature of Notary Public		
My Commission Expires: <u>01/31/2015</u>				

