DONNA NUCCI
16 Meadowood Lane
OLD SAYBROOK, CT 06475

Dear Licensed Professional: This is your validated license for the coming year. Should you have any questions about your license, please email oplc.dph@ct.gov.

Department of Public Health
P.O. Box 340308
Hartford, CT 06134-0308
ct.gov/dph/license

Sincerely,

Manisha Juthani, MD
Commissioner

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

THE INDIVIDUAL NAMED BELOW IS LICENSED BY THIS DEPARTMENT AS A
Registered Nurse
ACTIVE

DONNA NUCCI, RN

LICENSE NO.
E51051
CURRENT THROUGH
06/30/2026
VALIDATION NO.
23162669

SIGNATURE

MANISHA JUTHANI, MD, COMMISSIONER

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
DONNA NUCCI, RN

VALIDATION NO.	LICENSE NO.	CURRENT THROUGH
23162669	E51051	06/30/2026

PROFESSION
Registered Nurse
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SIGNATURE

MANISHA JUTHANI, MD, COMMISSIONER

INSTRUCTIONS:

1. Detach and sign each of the cards on this form
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.
4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

WALLET CARD

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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MANISHA JUTHANI, MD, COMMISSIONER