

DONNA NUCCI
16 Meadowood Lane
OLD SAYBROOK, CT 06475

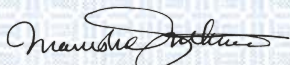
Dear Licensed Professional: This is your validated
license for the coming year. Should you have any
questions about your license, please email
opl.c.dph@ct.gov.

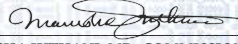
Department of Public Health
P.O. Box 340308
Hartford, CT 06134-0308
ct.gov/dph/license

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. 23162669	LICENSE NO. E51051	CURRENT THROUGH 06/30/2026
PROFESSION Registered Nurse ACTIVE		
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		
NAME DONNA NUCCI, RN		
VALIDATION NO. 23162669	LICENSE NO. E51051	CURRENT THROUGH 06/30/2026
PROFESSION Registered Nurse ACTIVE		
SIGNATURE		 MANISHA JUTHANI, MD, COMMISSIONER