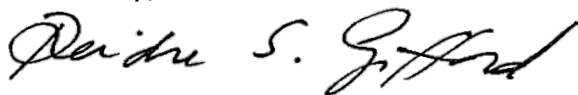


RACHEL SUZANNE JARVIS
346 WOODROW AVE
BRIDGEPORT, CT 06606-3938

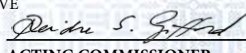
Dear Licensed Professional: This is your validated
license for the coming year. Should you have any
questions about your license, please email
opl.c.dph@ct.gov.

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

Sincerely,

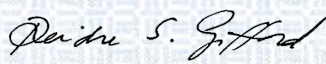


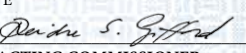
Deidre S. Gifford, MD, MPH
Acting Commissioner

EMPLOYER'S COPY		
STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH		
NAME		
RACHEL SUZANNE JARVIS, RN		
VALIDATION NO.	LICENSE NO.	CURRENT THROUGH
16992647	161418	03/31/2022
PROFESSION		
Registered Nurse		
ACTIVE		
SIGNATURE		 ACTING 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.

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH	
THE INDIVIDUAL NAMED BELOW IS LICENSED BY THIS DEPARTMENT AS A	
Registered Nurse	
ACTIVE	
RACHEL SUZANNE JARVIS, RN	LICENSE NO. 161418
	CURRENT THROUGH 03/31/2022
	VALIDATION NO. 16992647
SIGNATURE	 ACTING COMMISSIONER

WALLET CARD		
STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH		
NAME		
RACHEL SUZANNE JARVIS, RN		
VALIDATION NO.	LICENSE NO.	CURRENT THROUGH
16992647	161418	03/31/2022
PROFESSION		
Registered Nurse		
ACTIVE		
SIGNATURE		 ACTING COMMISSIONER