



STATE OF MAINE  
BOARD OF NURSING  
158 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0158

ANGUS S. KING, JR.  
GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.  
EXECUTIVE DIRECTOR

January 10, 2002

Gregory P. Fahey  
RR 2 Box 2450  
Lovell, ME 04051

Dear Mr. Fahey:

Pursuant to information received from Paul C. White via FAX dated January 9, 2002, this is to inform you that your nursing license revoked December 28, 2001 has been reinstated. This reinstatement is based on the fact that you are now in compliance with Maine Law.

Sincerely,

Myra A. Broadway, J.D., M.S., R.N.  
Executive Director

MAB:vlc

pc: John H. Richards, Assistant Attorney General



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OFFICES LOCATED AT: 24 STONE ST., AUGUSTA, ME  
PHONE: (207) 287-1133

Department of Human Service (DHS)

Division of Support Enforcement and Recovery

Obligor Parent: GREGORY P. FAHEY

Case: [REDACTED]

RR2 BOX 2450

Member ID: [REDACTED]

LOVELL, ME 04051

Date of Birth [REDACTED]

**STATEMENT OF COMPLIANCE**  
**[19-a M.R.S.A Sections 2201(8), 2022(8)]**

The person identified above has been subject to action by DHS to revoke a driver's or other license.

This person has complied with Maine law. Any license which has been revoked or is in process of being revoked may be restored as of the date shown below.

Effective Date: 1/9/02

Dated: 1/9/02

Signed: *Paul C White*

Paul White

Telephone: 207-822-2068

STATE OF MAINE  
COUNTY OF CUMBERLAND

DATE: 1/9/02

Personally appeared the above name Paul White  
and acknowledged the execution of the foregoing document to be his/her free act and deed in his/her official capacity.

*Kelley Gilpatric*

Notary Public / Attorney at Law  
KELLEY A. GILPATRIC  
Notary Public - State of Maine  
My commission expires June 15, 2007

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STATE OF MAINE  
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158 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0158

ANGUS S. KING, JR.  
GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.  
EXECUTIVE DIRECTOR

December 28, 2001

Gregory P. Fahey  
RR 2 Box 2450  
Lovell, ME 04051

Dear Mr. Fahey:


NOTICE OF LICENSURE REVOCATION

**VIA CERTIFIED MAIL**

The Department of Human Services, Division of Support Enforcement and Recovery, has filed a Certificate of Noncompliance with a Support Order against your nursing license. The Maine State Board of Nursing hereby notifies you that, pursuant to 19-A M.R.S.A. Section 2201(6), your nursing license is hereby revoked because you have been certified by the Department of Human Services as a support obligor who is not in compliance with a court order of support. The Board's revocation is deemed a final determination pursuant to 5 M.R.S.A. Section 10002. The Board may consider renewal or reissuance of your nursing license upon receipt of written confirmation of your compliance with the order of compliance issued by the Department of Human Services, Division of Support Enforcement and Recovery.

Please return your nursing license to this agency in the enclosed, self-addressed envelope within 7 days of receipt of this certified notice. Practice of nursing by you after receipt of this notice is punishable as a Class E crime, pursuant to 32 M.R.S.A. Section 2106(5) and (6). The State may bring an action in Superior Court to enjoin a person from unlicensed practice, regardless of whether criminal proceedings have been or may be instituted.

This notice is issued by authority of 19-A M.R.S.A. Section 2201(7) and the Maine Child Support Enforcement Manual, Chapter 21(7).

  
MYRA A. BROADWAY, J.D., M.S., R.N.  
Executive Director  
Maine State Board of Nursing

pc: Kevin W. Concannon, Commissioner  
Maine Department of Human Services  
Paul White, Enforcement Agent  
John H. Richards, Assistant Attorney General



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OFFICES LOCATED AT: 24 STONE ST., AUGUSTA, ME  
PHONE: (207) 287-1133

TDD: (207) 287-1151

FAX: (207) 287-1149

CERTIFICATION TO REVOKE LICENSE(S)

To: Myra Broadway  
Executive Director  
Board of Nursing  
158 SHS  
Augusta Maine 04333

From: Paul White  
Enforcement Agent  
161 Marginal Way  
Portland Maine 04101

822-2000

DHS Case ID: [REDACTED]  
License No: LPN P7143 Inactive  
SSN: [REDACTED]  
D/O/B: [REDACTED]

Re: Gregory P Fahey  
RR 2 Box 2450  
Lovell ME 04051

The person named above has been verified by DHS as an obligor who has not met the terms of a legal Child Support Order. You must:

X Revoke the following License(s) issued to the person named above:

Nursing LPN P7143

\_\_\_\_\_ Suspend the person's motor vehicle operator's license(s), right to drive a motor vehicle or right to obtain a motor vehicle license.

If you have any questions, contact the person from DHS listed above.

Dated: DEC 17 2001 Signed: Kevin W Concannon  
Kevin W. Concannon  
Title: Commissioner

This notice is issued by authority of 19-A M.R.S.A. Sections 2201(6), (13) and/or 2202 (7) and is a final determination under 5 M.R.S.A. Section 10002.