



**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234**

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OFFICE OF THE PROFESSIONS, DIVISION OF PROFESSIONAL LICENSING SERVICES  
Tel. 518 474-3817 Ext. 340  
Fax 518 402-5265  
E-mail: OPDPLS@NYSED.GOV

DATE

NAME

ADDRESS

CITY STATE ZIP

EMAIL

PROFESSION:

LICENSE NUMBER:

DATE OF LICENSE:

You are licensed as a practical nurse/registered professional nurse by the State Education Department, as indicated above. Your license was issued based on evidence submitted to the Department evidencing that you met the requirements in Education Law and Commissioner's regulations. Your application specifically reflects that you completed a nursing program at one of the following which had been approved by the Florida Commission on Independent Education and the Florida Board for Nursing:

- Siena College/Siena College of Health
- Sacred Heart International Institute
- Quisqueya School of Nursing LLC ("Sunshine Academy")
- Med-Life Institute WPB LLC
- Quisqueya Health Care Academy, LLC
- Palm Beach School of Nursing, LLC.

These schools are now closed and the Department has received reliable information that the owners of the program you attended were engaged in a scheme to sell fraudulent nursing degree diplomas and transcripts. Indictments in this regard have been filed in federal court. Your name was provided to the Department as an individual who allegedly did not actually complete the program hours/courses and clinical training to earn a degree.

As such, your education credited toward licensure and your score on the NCLEX examination for nursing are both in question and it appears that you did not, in fact, meet the requirements for licensure in New York. The Department must accordingly request that you surrender your license or provide alternative proof of qualifications.

You have two options:

1. You can return your license parchment and registration certificate to me at the address above in an envelope marked "CONFIDENTIAL" within 14 days from the date of this letter. Your license will be marked in our records as a non-disciplinary surrender. If you surrender your license, you must cease the practice of the profession until such time as you meet the requirements for licensure, including acceptable education and examination.

or

2. You may, within 14 days from the date of this letter, have evidence submitted to me at the address above, such as a transcript from an approved nursing program that does not include credits earned or transferred from one of the above programs, demonstrating that you have met the education requirements for licensure.

Failure to either surrender your license or to provide such evidence and/or any other responsive information within 14 days of this letter will result in the Department taking additional steps relative to your ability to practice in New York. This may include cancellation of the NCLEX scores, summary suspension of your license or registration, issuance of a recommendation to the Board of Regents that your professional license and registration be rescinded pursuant to Education Law §6506(7), and/or commencement of disciplinary proceedings. Such actions would be a matter of public record.

I trust that you understand that this is a very serious matter. If you have any questions, please contact me at OPDPLS@nysed.gov.

Sincerely,

David Hamilton, LMSW  
Assistant Commissioner, OP