



RNs • LPNs • HHA Nursing Service

Tel: 718-739-0045 • Fax: 718-739-0102

88-25 163rd Street, Jamaica, NY 11432

E-mail: hnrinc@erols.com

June 27th, 2019

Public Information Unit
Office of the Professions
Department of Nursing
Lic.# 282455-1

TO WHOM IT MAY CONCERN

This letter is in reference to an employee who was employed with the above mentioned agency from 02/20/2007- 11/2007. Upon investigation this employee who we have known as **Claudia Gayle** has two other alias. They are **Claudia Williams** and **Claudia Mathias**. In this letter I would refer to her as Claudia Gayle. As per Ms. Gayle resume, she worked as a Certified Nursing Assistant, Real Estate Agent, and a Licensed Practical Nurse. I have also enquire about Ms. Gayle's license from Georgia which is lapsed at this time. Her New York license is also lapsed. There seems to be some discrepancies with Ms. Gayle's documents.

1. Her License (282455-1) as a LPN showed an address in Jamaica West Indies but states she was registered to practice in New York State through 09/30/2008. On 06/12/2006-03/31/2009 Ms. Gayle was issued a Georgia's License. A NY Online verification search showed Ms. Gayle as Ms. Williams with date of licensure of 10/27/2005 as "Not Registered". On previous searches one search that was performed on 03/07/2007 it showed her address as West Indies and Ms. Gayle was registered through 09/08. On 12/12/2008, her license information showed Ms. Gayle's address as Pawling NY this was proved she was registered through 09/10. I am questioning how Ms. Gayle can have a license stating an address as West Indies and was permitted to practice in New York?.

HARRY'S NURSES REGISTRY
88-25 163RD STREET
JAMIACA, N.Y. 11432
(718) 739-0045 (PHONE)
(718) 739-0102 (FAX)

FACSIMILE TRANSMITTAL SHEET

TO WHOM IT MAY CONCERN

FROM:
Harry Dorvilier (CEO)

DATE:
06/27/2019

FAX NUMBER:
718-794-2480

TOTAL NO. OF PAGES INCLUDING COVER:

Tele: 718-794-2457

SENDER'S REFERENCE NUMBER:

**Re: CLAUDIA
MATHIAS,
CLAUDIA GAYLE,
CLAUDIA
WILLIAMS
LICENSE-282455-1**

YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT SEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNIQUE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE @ (718)739-0045 AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE US POSTAL SERVICE. THANK YOU.

CLAUDIA GAYLE
3336 Fenton Ave
Bronx, NEW YORK 10469
TEL# (845)-321-0330

Objective: To obtain a nursing position in a facility where I will be able to utilize all or most of nursing skills, gain upward mobility, and to serve the patients to the best of my ability as I work along with team members.

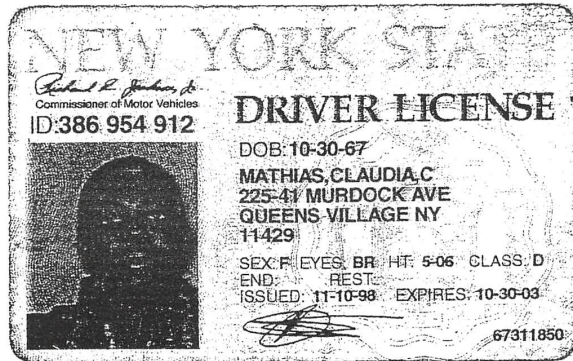
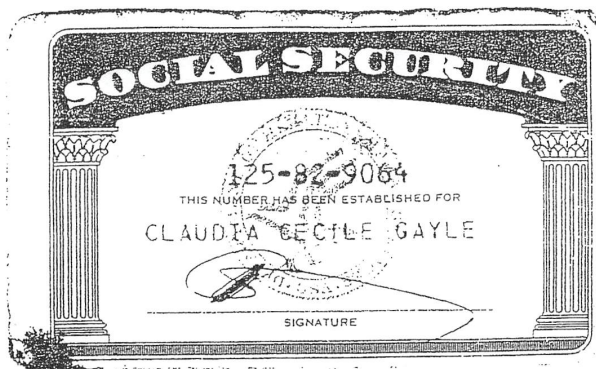
EMPLOYMENT

- 8/05 - present** **Kings Harbor MultiCare Center**
Bronx, New York
Position: Licensed Practical Nurse - Sub Acute Unit
Duties: Medication pass, dressing changes, trach care, suctioning, Admissions, discharges, patient teaching, heparin flush, tube-feeding, acute care, O2 therapy
- 6/04 - 11/04** **Park Manor Rehabilitation Center**
Middletown, New York
Position: Certified Nursing Assistant
Duties: Worked mainly on the Rehab Unit doing vital signs, patient care, other CNA duties
- 8/03 - 2/04** **Achieve Rehab & Nursing facility**
Liberty, New York
Position: Certified Nursing Assistant
Duties: Vital signs, patient care (feeding, showers, foley care) & other CNA duties.
- 6/02 - 6/03** **Ocoee Health Care Center**
Ocoee, Florida
Position: Certified Nursing Assistant
Duties: Same as above
- 3/97 - 5/02** **Kenneth Moxey Realty Inc.**
St. Albans, New York
Position: Licensed Real Estate Agent
Duties: list, sell, & rent real property; typing, faxing, data entry.

EDUCATION

- 9/8/04 - 7/6/05** **Sullivan County BOCES**
Liberty, New York
Course Studied: Practical Nursing
Achievement: Certificate in Practical Nursing
- 8/03 - 5/04** **Sullivan County Community College**
Loch Sheldrake, New York
Courses Studied: Anatomy & Physiology II, General Psychology, Developmental Psychology, English Comp I, English Comp II, Speech, Algebra
GPA: - 3.8 (Made the President's Honor Roll)
- 5/03 - 7/03** **Florida Hospital College of Health Sciences**
Orlando, Florida
Courses Studied: Anatomy & Physiology I
GPA: - 4.0
- 1/02 - 4/02** **American Medical Career Training Center**
Jamaica, New York
Courses Studied: Nursing Assistant, EKG, & IV Therapy
Achievements: Certificate in Nursing Assistant & Nursing Technician
AWARDS: Perfect Attendance; Honor Roll Student

References will be furnished upon request





THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12230

OFFICE OF THE PROFESSIONS
DIVISION OF PROFESSIONAL LICENSING SERVICES
Public Information Unit
Tel. (518) 474-3817 EXT: 330
Fax (518) 473-0578
E-mail: DPLSDSU@MAIL.NYSED.GOV

STATE OF NEW YORK)

SS:

COUNTY OF ALBANY)

In accordance with the **Civil Practice Law and Rules Article 45, Rule 4540**, I, Audrey Bell, Education Program Assistant 1 in the Division of Professional Licensing Services of the New York State Education Department, have caused this certificate to be prepared. I further state that I have legal custody of the official records of the Division of Professional Licensing Services and I attest that CLAUDIA CECILE WILLIAMS aka CLAUDIA C GAYLE is the holder of a license to practice LICENSED PRACTICAL NURSING, license number 282455, issued 10/27/2005, and was registered to practice the profession in New York State from the date of licensure until 09/30/2010.

Witness my hand and the seal of the New York State Education Department this 21 June, 2019.

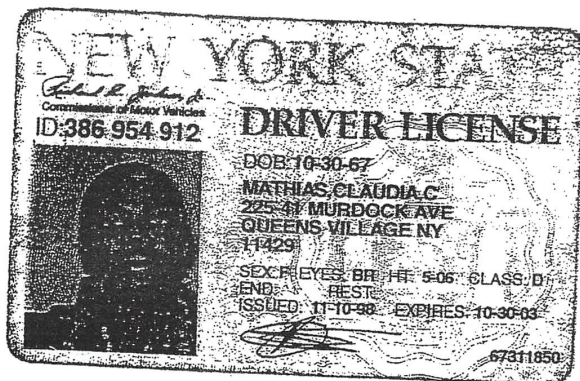
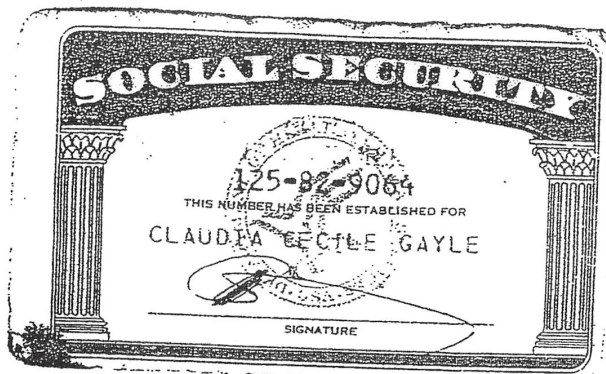


Audrey Bell

Audrey Bell, Education Program Assistant 1
Professional Licensing Services

DATED
06/21/2019





Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <u>Baile</u> First <u>Claudia</u> Middle Initial <u>C</u>	Maiden Name
Address (Street Name and Number) <u>330 River Crest Lane</u> Apt. #	Date of Birth (month/day/year) <u>10-30-67</u>
City <u>Covington</u> State <u>GA</u> Zip Code <u>30016</u>	Social Security # <u>125-82-9064</u>
<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p> <p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____</p> <p><input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #)</p>	
Employee's Signature <u>[Signature]</u>	Date (month/day/year) <u>2/22/07</u>

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)



**HEALTHCARE PROVIDERS
SERVICE ORGANIZATION
PURCHASING GROUP
CERTIFICATE OF INSURANCE
OCCURRENCE POLICY FORM**

Print Date: 02/23/07

Product: 018098	Branch: 970	Prefix: HPG	Policy Number: 0296345375	Policy Period: from: 12:01 AM Standard Time on: 02/22/07 to: 12:01 AM Standard Time on: 02/22/08
Named Insured and Address: Claudia C Gayle 230 Rivercrest Ln Covington, GA 30016-5948			Program Administrator: Nurses Service Organization 159 East County Line Road Hatboro, PA 19040-1218	
Medical Specialty: LPN/LVN		Code: 80963		Insurance Provided by: American Casualty Co. of Reading, PA CNA Plaza 26S Chicago, IL 60685
COVERAGE PARTS			LIMITS OF LIABILITY	

A. PROFESSIONAL LIABILITY

Professional Liability (PL)	\$ 500,000	each claim	\$ 2,500,000	aggregate
Good Samaritan Liability	included above			
Personal Injury Liability	included above			
Malplacement Liability	included above			

B. COVERAGE EXTENSIONS:

License Protection	\$ 10,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit	\$ 10,000 aggregate			
Deposition Representation	\$ 2,500	per deposition	\$ 5,000	aggregate
Assault	\$ 10,000	per incident	\$ 25,000	aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate
First Aid	\$ 2,500 aggregate			
Damage to Property of Others	\$ 500	per incident	\$ 10,000	aggregate

C. WORKPLACE LIABILITY

Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy.

Workplace Liability	included in A. PL limit shown above		
Fire & Water Legal Liability	included in A. PL limit shown above subject to \$150,000 sub-limit		
Personal Liability	\$500,000	aggregate	

D. GENERAL LIABILITY

Coverage part D. General Liability does not apply if Coverage part C. Workplace Liability is made part of this policy.

General Liability (GL)	none	none
Hired Auto & Non Owned Auto	none	
Fire & Water Legal Liability	none	none
Personal Liability		none

Total Premium: \$ 81.00	QUESTIONS? CALL: 1-800-247-1500
Policy forms and endorsements attached at inception:	
G-121500-C G-121503-C G-121501-C G-123854-C10 G-145184-A G-147292-A G-144872-A G-123846-C10 G-123849-C10 G-123811-C10	
Master Policy # 188711433	

Keep this document in a safe place. It and proof of payment are evidence of your insurance coverage.

Irvin H. H.
Chairman of the Board

John M. H.
Secretary

G-141241-A (07/2001)

Coverage Change Date:

Endorsement Change Date:

HARRY'S NURSES REGISTRY, INC., 88-25 163RD Street Jamaica, NY 11432
Tel. # (718) 739-0045 Fax # (718) 739-0122

Memorandum of Agreement made and entered into this date 2/20/07
by HARRY'S NURSES REGISTRY, INC., located at 88-25 163RD Street, Jamaica, NY 11432 for
services by and between:

Name: Claudia Gayle RN
Residing at: 930 River Crest Lane
Covington, GA 30016

Subcontractor, Witness:

I, Claudia Gayle RN desire to retain the services of HARRY'S NURSES
REGISTRY, INC. to perform nursing services.

HARRY'S NURSES REGISTRY, INC. will furnish all the facilities to carry out this work. In
consideration for the services rendered, HARRY'S NURSES REGISTRY, INC. will pay a per diem of
pay to be agreed upon prior to the commencement of duty.

It is understood that Claudia Gayle RN is an independent contractor and is
responsible for any and all Income Taxes (Health Insurance, Mal-Practice Insurance, etc.) which may
be due from the income derived pursuant to this contract.

This Agreement signed by the parties on this date 2/20/07


Independent Contractor

Harry Dorvilier, CEO

Witness

HNR

Application for Employment

We consider applicants without regard to race, color, religion, age, disability, marital or veteran status, sexual orientation or any other legally protected characteristics.

in, age, disability, marital or veteran status, sexual orientation or any other legally protected characteristics.



Position Applied For LPN		Date of Application 2/20/07	
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency		Walk-In Other	
Last Name Grate	First Name Claudia	Middle Init. C	Birth Name same
Address (Street, City, State and Zip) 230 RIVER CREST CIRCLE COVINGTON GA 30028			
Telephone Numbers: Home: 845-321-0330		Work: Beeper:	SS Number 125-82-9064

If under 18 years of age can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes give date

Have you ever been employed with us before?

Yes No

If Yes give date

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status (Proof of citizenship or immigration status will be required)

Yes No

On what date would you be available for work?

Are you available to work

Full Time
 Evenings

Part Time
 Nights

Days
 Weekends

Other Restrictions: _____

Do you have dependable private transportation?

Yes No

Will you be relying on Public Transportation?

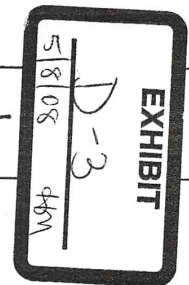
Yes No

Have you ever been convicted of a felony within the last 7 years?

(Conviction will not necessarily disqualify an applicant from employment)

If Yes please explain on separate piece of paper.

Yes No



ORIGINAL

ORIGINAL

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



Social Security Administration (SSA) Notice to Employee of Tentative Nonconfirmation

<u>GAYLE</u>	<u>CLAUDIA</u>
Last Name of Employee	First Name of Employee
<u>125-82-9064</u>	<u>10/1967</u>
Employee's Social Security Number (SSN)	Employee's Month/Year of Birth
<u>07/22/2009</u>	<u>2009203125635KX</u>
Date of SSA Tentative Nonconfirmation	Case Verification Number
Reason for this Notice:	<input type="checkbox"/> SSN does not match. The Social Security Number (SSN) entered in E-Verify is valid, but the name and/or date of birth entered for the employee do not match SSA records. <input type="checkbox"/> SSN is invalid. The SSN entered in E-Verify is not a valid number. <input checked="" type="checkbox"/> SSA unable to confirm U.S. Citizenship. Cannot confirm that the employee is eligible to work because SSA records do not show that the SSN holder is a U.S. citizen. <input type="checkbox"/> SSN record does not verify, Other Reason. SSA found a discrepancy in the employee's record. <input type="checkbox"/> SSA unable to process data. SSA found a discrepancy in other data in the employee's record.

Instructions for the Employer

==== IMPORTANT =====
Employee must acknowledge receipt of this letter, date and sign it, and return it to you.

- Review this entire letter with your employee.
 - IMPORTANT:** If the employee cannot read, you must read this notice to the employee. If the employee does not fully understand English and speaks Spanish, you must provide your employee with the Spanish version of this notice.
 - If the information on this letter is not correct, you must first close this case in E-Verify as an "invalid query" and then run a new E-Verify query with the correct information.
 - If the employee's name, SSN and birth date at the top of this letter are correct, your employee has the right to contest this Tentative Nonconfirmation. The employee will do this on Page 2.
 - After you and your employee review and sign this document, give a copy to the employee.
- If your employee chooses to contest the Tentative Nonconfirmation, take the following three actions to refer the employee to SSA:
 - Clicking "Initiate SSA Referral" in E-Verify;
 - Printing the SSA Referral Letter; and
 - Providing a signed original of the SSA referral letter to your employee.
- If your employee chooses not to contest the Tentative Nonconfirmation, you may fire the employee and close the case in E-Verify with the explanation "self-terminated."
- Read and sign the statement below.

I certify that this employee has received a copy of this Tentative Nonconfirmation Notice and that the employee has made the decision indicated on page 2 of this notice. I certify that the employee has read and signed this document. I certify to the best of my knowledge that the employee's decision to contest or not contest the SSA Tentative Nonconfirmation was of his/her own free will and that the employee has not been coerced or pressured in any way by this employer regarding his or her decision to contest the SSA Tentative Nonconfirmation. I certify that the employee named at the top of this notice is the person who signed this document on page 2.

<u>HARRYS NURSES REGISTRY, INC</u>	<u>CHAK MEN FAN</u>
Name of Employer	Name of Employer Representative
<u></u>	<u></u>
Date	Signature of Employer Representative



Screening Solutions Summary Report

Report Date:	11/21/2007 02:49 PM	Applicant:	Claudia C Gayle
Report ID:	2466901	SSN:	125-82-####
Client:	HARRY'S NURSES REGISTRY, INC.	Phone:	(845) 321-0330
Requestor:	Cherriline Williams	Address:	230 River Crest Lane
Criteria:	Instacheck, National Criminal, County Criminal, OIG		Covington, GA 30016

NOTICE: THIS REPORT DOES NOT GUARANTEE THE ACCURACY OR TRUTHFULNESS OF THE INFORMATION AS TO THE SUBJECT OF THIS INVESTIGATION, BUT ONLY THAT IT IS ACCURATELY COPIED FROM PUBLIC RECORDS. INFORMATION GENERATED AS A RESULT OF IDENTITY THEFT, INCLUDING EVIDENCE OF CRIMINAL ACTIVITY, MAY BE INACCURATELY ASSOCIATED WITH THE CONSUMER WHO IS THE SUBJECT OF THIS REPORT.

Report Summary

InstaCheck - Identify Verification	Report
Multi-State Court Search (National Criminal)	Clear
Criminal Records Search	Clear
OIG Records Search	Clear

[View Order Tracking Status Report](#)

InstaCheck - Identify Verification

IMPORTANT: InstaCheck is provided for identity verification and fraud detection purposes only. This information is not a consumer report under the Fair Credit Reporting Act and may not be used as a factor in evaluating an individual for employment, promotion, reassignment, or retention as an employee. Moreover, this information may contain errors. Recent moves and data entry errors can cause inconsistencies and inaccuracies when comparing applicant information to database information.

Applicant:	Claudia C Gayle
Address:	Verified
Social Security:	Verified

Address Summary

Address
 230 River Crest Lane, Covington, GA, 30016
 230 RIVERCREST LN, COVINGTON, GA, 30016
 4 SAGE RD, PAWLING, NY, 12564
 3336 FENTON AVE, BRONX, NY, 10469
 PO BOX 720246, ORLANDO, FL, 32872
 198 MAIN ST, MOUNTAIN DALE, NY, 12763
 34 DELAWARE AVENUE EXT 2, LIBERTY, NY, 12754
 22541 MURDOCK AVE, QUEENS VILLAGE, NY, 11429
 5465 CURRY FORD RD APT D4, ORLANDO, FL, 32812
 645 WILLOWWOOD AVE, ALTAMONTE SPRINGS, FL, 32714

County Summary

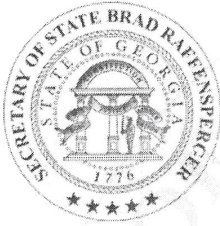
Based on the address summary, the applicant has lived in the following counties.

Counties of Residence
 NEWTON, GA
 DUTCHESS, NY
 BRONX, NY
 QUEENS, NY
 ORANGE, FL
 SEMINOLE, FL
 SULLIVAN, NY

Federal District Summary

Based on the address summary, the applicant has lived in the following federal districts.

Federal Districts of Residence
 N District of GA
 S District of NY
 M District of FL



PROFESSIONAL LICENSING

GEORGIA SECRETARY OF STATE BRAD RAFFENSPERGER

CORPORATIONS • ELECTIONS • LICENSING • CHARITIES

Licensee Details

Licensee Information

Name: Claudia Cecile Gayle

Address: 230 River Crest Lane
Covington GA 30016

Primary Source License Information

Lic #: RN217511	Profession: Registered Professional Nurse	Type: Registered Prof Nurse - Single State
Secondary:	Method: Endorsement	Status: Active
Issued: 2011/7/28	Expires: 2021/1/31	Last Renewal Date: 2019/1/18

Associated Licenses

No Prerequisite Information

Public Board Orders

Please see Documents section below for any Public Board Orders

Other Documents

No Other Documents

Data current as of: June 26, 2019 12:55:3

This website is to be used as a primary source verification for licenses issued by the Professional Licensing Boards. Paper verifications are available for a fee. Please contact the Professional Licensing Boards at 478-207-2440.



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

OFFICE OF THE PROFESSIONS
DIVISION OF PROFESSIONAL LICENSING SERVICES
Public Information Unit ATTN: Audrey Bell
Tel. (518) 474-3817 EXT: 330
Fax (518) 473-0578
E-mail: DPLSDSU@NYSED.GOV

June 21, 2019

Harry Dorvilier
Harry's Nurse Registry Inc.
8825 163rd St.
Jamaica, NY 11432

Re: Claudia Cecile Williams aka Claudia C Gayle
Licensed Practical Nurse, #282455
FL-OP-19/601

Dear Mr. Dorvilier:

I am writing in response to your recent Freedom of Information Law (FOIL) request dated June 14, 2019. You requested proof that "Claudia Gayle-Williams, license number 282455-1" was licensed and registered to practice as an "LPN from February 2007 to November 2007."

Enclosed is certification that Claudia Cecile Williams aka Claudia C. Gayle was licensed and registered to practice an LPN for the time period in question.

You may appeal this determination within 30 days by writing to:

MaryEllen Elia
Commissioner of Education
New York State Education Department
Education Building-Room 111
89 Washington Avenue
Albany, New York 12234
Or by emailing FOILappeal@nysed.gov

Sincerely,

Audrey Bell, EPA 1
New York State Education Department
Division of Professional Licensing Services
cc: Foil Officer

**White Glove Placement, Inc.
85 Bartlett St.
Brooklyn, NY 11206**


Feb. 20, 07

To Whom It May Concern:

This is to certify that Claudia Gayle, social security 125-82-9064 has been in our employment from Sep'06-present as a LPN. Her current rate of pay is \$28.50 per hour.

For any additional information or questions please feel free to contact us at 718-387-8163.

Sincerely,


P. Glanz
Payroll Representative

EMPLOYMENT REFERENCE VERIFIED BY:
HARRY'S NURSES REGISTRY, INC.
DATED: MAY 03, 2007

The University of the State of New York
Education Department
Office of the Professions
REGISTRATION CERTIFICATE

Do not accept a copy of this certificate

License Number: 282455-1

Certificate Number: 5513146

GAYLE CLAUDIA C. [REDACTED]
9 HENLEY ROAD
KINGSTON 11
JAMAICA
WEST INDIES

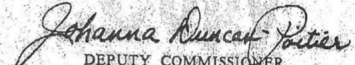
00000-0000

is registered to practice in New York State through 09/30/2008 as a(n)
LICENSED PRACTICAL NURSE

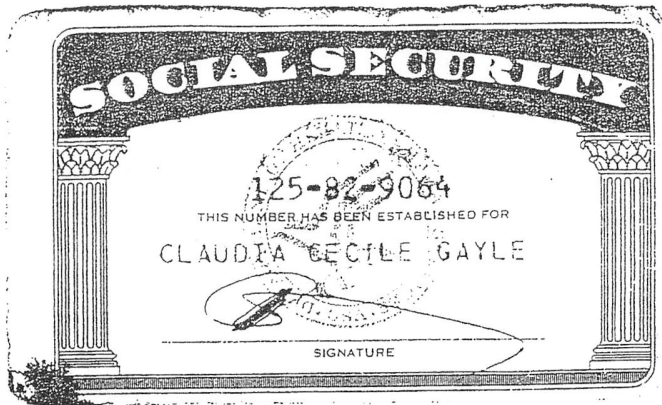

LICENSEE/REGISTRANT

Barbara Zittel
EXECUTIVE SECRETARY

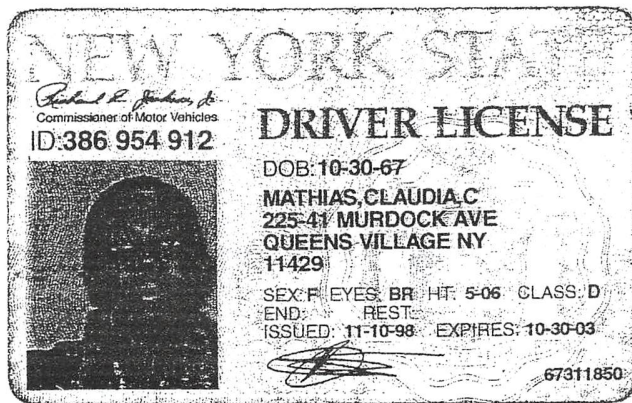

COMMISSIONER OF EDUCATION


DEPUTY COMMISSIONER
OFFICE OF THE PROFESSIONS

This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit www.op.nysed.gov.



11
12



ID:386 954 912



DRIVER LICENSE

DOB: 10-30-67
GAYLE, CLAUDIA, C
198 MAIN ST
MOUNTAINDALE NY 12763
SEX: F EYES: BR HT: 5-06 CLASS: D
E: R:
ISSUED: 10-07-03 EXPIRES: 10-30-11

A handwritten signature in dark ink, appearing to be 'C. Gayle', written over a light-colored background.

67772350



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12230

OFFICE OF THE PROFESSIONS
DIVISION OF PROFESSIONAL LICENSING SERVICES
Public Information Unit
Tel. (518) 474-3817 EXT: 330
Fax (518) 473-0578
E-mail: DPLSDSU@MAIL.NYSED.GOV

STATE OF NEW YORK)

SS:

COUNTY OF ALBANY)

In accordance with the **Civil Practice Law and Rules Article 45**, I, Audrey Bell, Education Program Assistant 1 in the Division of Professional Licensing Services of the New York State Education Department, have caused this certificate to be prepared. I certify that I have legal custody of the official original records of the Division of Professional Licensing Services and I attest that the attached are true, complete and correct copies of the original documents in our files relating to the licensure of CLAUDIA CECILE WILLIAMS aka CLAUDIA C GAYLE.

Witness my hand and the seal of the New York State Education Department this 21 June, 2019.



Audrey Bell

Audrey Bell, Education Program Assistant 1
Professional Licensing Services

DATED
06/21/2019

