

STATE OF RHODE ISLAND AND
PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH
BOARD OF NURSE REGISTRATION AND NURSING EDUCATION

IN THE MATTER OF:

VELMON P. SINGLETARY
RN54505
C16-390

VOLUNTARY SURRENDER OF LICENSE

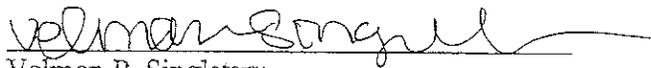
Recognizing that allegations of professional misconduct have been submitted to the Rhode Island Board of Nurse Registration and Nursing Education ("Board") concerning my use of false information to apply for and obtain a license as a registered nurse, I Velmon P. Singletary hereby voluntarily surrender my license to practice as a registered nurse in Rhode Island, license #RN54505, effective on the date that the Board accepts this offer of voluntary surrender.

By agreeing to voluntarily surrender my license, I represent that:

1. I submitted my application for a license as a registered nurse to the Board on February 3, 2015.
 2. In my application for a license, I submitted false information by misrepresenting to the Board that I had completed the prescribed curriculum in an approved basic professional nursing education program.
 3. On May 27, 2015, I was issued a license to practice as a registered nurse, #RN54505.
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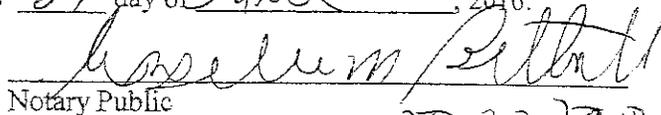
4. I acknowledge that furnishing false information to the Board with my application for a license as a registered nurse constitutes cause for revocation of my license to practice as a nurse in Rhode Island.
5. I hold no current license to practice as a registered nurse in any other state but Rhode Island.
6. I enter into this voluntary surrender of my license to resolve the pending misconduct allegations and to avoid litigation.
7. I shall not again seek licensure as a nurse in the State of Rhode Island.
8. I recognize that this document and the fact of my voluntary surrender will be distributed by the Board as a disciplinary action. I further understand that this document shall become a permanent part of my file and will be maintained by the Board as a public document.
9. I voluntarily submit this surrender of license to the Board and state that no promises or representations have been made to me other than those terms and conditions stated herein.
10. If the Board accepts this voluntary surrender of my license to practice nursing in Rhode Island, the surrender of my license shall be permanent.

In witness whereof, I hereby affix my signature on this 24 day of June, 2016:



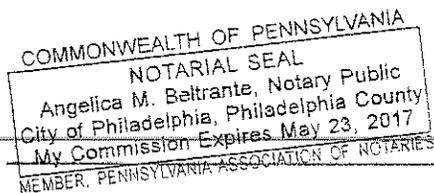
Velmon P. Singletary
RN54505

Subscribed and sworn before me this 27 day of June, 2016:



Notary Public

My commission expires on: 05-23-2017



Accepted by the Board of ~~Nurse~~ Registration and Nursing Education on this 11 day of July, 2016.



President
Board of Nurse Registration and Nursing Education