

JOSEANE CARDOSO  
153 Hawthorne Avenue  
153 Hawthorne Avenue  
Derby, CT 06418

Dear Licensed Professional: This is your validated license for the coming year. Should you have any questions about your license, please email [oplc.dph@ct.gov](mailto:oplc.dph@ct.gov).

Department of Public Health  
P.O. Box 340308  
Hartford, CT 06134-0308  
[ct.gov/dph/license](http://ct.gov/dph/license)

Sincerely,



Manisha Juthani, MD  
Commissioner

**EMPLOYER'S COPY**  
**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

NAME  
JOSEANE R CARDOSO, RN

VALIDATION NO. 19565493	LICENSE NO. 131267	CURRENT THROUGH 01/31/2024
----------------------------	-----------------------	-------------------------------

PROFESSION  
Registered Nurse  
ACTIVE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
COMMISSIONER

**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

THE INDIVIDUAL NAMED BELOW IS LICENSED BY THIS DEPARTMENT AS A  
Registered Nurse  
ACTIVE

JOSEANE R CARDOSO, RN	LICENSE NO. 131267
	CURRENT THROUGH 01/31/2024
	VALIDATION NO. 19565493

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
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.

**WALLET CARD**  
**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

NAME  
JOSEANE R CARDOSO, RN

VALIDATION NO. 19565493	LICENSE NO. 131267	CURRENT THROUGH 01/31/2024
----------------------------	-----------------------	-------------------------------

PROFESSION  
Registered Nurse  
ACTIVE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
COMMISSIONER