Application for Registered Nurse (RN) – In-Home Care

uKinnect, LLC

Statement of No History of Misconduct

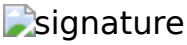
Full Name:

Shelby Williams

I affirm that I am a licensed Registered Nurse in good standing in the State of Georgia, and that I have no known history of professional misconduct, disciplinary action, or investigation by any licensing board, employer, or regulatory agency.

By signing below, I declare that the information provided is true and accurate to the best of my knowledge.

Signature:



Date:

2026-02-04

Printed Name:

Shelby Williams

License Number:

RN327310