

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

Re: Nancy Inorio
License No.: E57311

Petition No. 990825-010-072

VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE

Nancy Inorio, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice registered nursing. I presently hold license number E57311.
4. I hereby voluntarily agree not to renew or reinstate my license to practice registered nursing in the State of Connecticut.
5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 990825-010-072 shall be deemed true. I further understand that any such application must be made to the Department which shall have absolute discretion, after seeking the advice of the Connecticut Board of Examiners for Nursing (hereinafter "the Board"), as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions. No reinstatement shall become effective until the Department seeks the advice of the Board.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Number 990825-010-072 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this agreement not to renew or reinstate my license is a reportable event and is public information.
9. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 990825-010-072.

10. I understand that I have the right to consult with an attorney prior to signing this affidavit.

Nancy Inorio
Nancy Inorio

Subscribed and sworn to before me this June 1 day of _____ 2000.

**KEVIN KLANSKY
NOTARY PUBLIC
COMMISSION EXPIRES JUNE 30, 2002**
Kevin Klansky
Notary Public
Commissioner of Superior Court

Accepted: Kathleen Zarrella
Kathleen Zarrella, Director
Division of Health Systems Regulation

6/1/00
Date

AFFIDAVIT OF NANCY INORIO

The undersigned being duly sworn, hereby deposes and says:

1. I am over the age of eighteen years and believe in the obligation of an oath.
2. The information in this affidavit is based upon my personal knowledge.
3. I have search diligently and have been unable to locate 3 copies of my license.
4. I believe that they are lost.

6/1/00
Date

Nancy Inorio
Nancy Inorio

State of Connecticut)
County of New Haven) ss: Hamden

Subscribed and sworn to before me on this 1st day of June, 2000

Kevin Klansky
Notary Public or person authorized by
law to administer an oath or affirmation

**KEVIN KLANSKY
NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 30, 2002**