

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS

Re: Barbara Sutila, R.N.
License No.: R07742

Petition No. 2004-0519-010-042

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Barbara Sutila, R.N., 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 R07742.
4. I hereby voluntarily surrender 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 Department may deem the allegations contained in Petition Number 2004-0519-010-042 to be 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 2004-0519-010-042 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 document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2004-0519-010-042.]
9. I have consulted with an attorney prior to signing this affidavit.

10. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

Barbara Sutil RN
Barbara Sutila, R.N.

Subscribed and sworn to before me this 10th day of June 2004.

J. S. Nagy
Notary Public
Commissioner of Superior Court
JEAN S. NAGY
NOTARY PUBLIC
MY COMMISSION EXPIRES 10/21/08

Accepted: Marianne Horn
Marianne Horn, Director
Division of Health Systems Regulation
Bureau of Healthcare Systems

June 14, 2004
Date

ms/sutila/volsur