

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

Re: Marion Olson, R.N.
License No.: R26053

Petition No. 2001-0515-010-028

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Marion Olson, 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 R26053.
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 allegations contained in Petition Number 2001-0515-010-028 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 2001-0515-010-028 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. 2001-0515-010-028.

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

Marion Olson R.N.
Marion Olson, R.N.

Subscribed and sworn to before me this 12 day of January 2001.

[Signature]
~~Notary Public~~ J. D. M.
Commissioner of Superior Court

Accepted: [Signature]
Debra J. Turcotte, Director
Division of Health Systems Regulation

1.16.02
Date

S: miltolson.legal/volsur.12.01