

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

Re: Rosemarie Palmer, RN
License No.: R32938

Petition No. 2001-0417-010-021

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Rosemarie Palmer, 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 as a registered nurse. I presently hold license number R32938.
4. I hereby voluntarily surrender my license to practice 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 2001-0417-010-021 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 2001-0417-010-021 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 surrender of 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. 2001-0417-010-021.

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

Rosemarie Palmer
Rosemarie Palmer

Subscribed and sworn to before me this 3rd day of December 2001

Jan A. Stewart
Notary Public
~~Commissioner of Superior Court~~
Comm. expires 12-31-03

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

12-6-01
Date

RAS/Palmer legal/volsur 8-21-01



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

October 18, 2004

Rosemarie G. Palmer
83 Ridgewood Road
Glastonbury CT 06033

Dear Ms. Palmer:

This letter is pursuant to your telephone request for information pertaining to the reinstatement of your registered nurse license which you surrendered in December, 2001.

In applying for reinstatement you have the burden of satisfying the Board of Examiners for Nursing and the Department of Public Health of your ability to practice nursing with reasonable skill and safety. Be advised that your request for licensure reinstatement may be denied.

The following information would assist the Board and the Department in its review of your request:

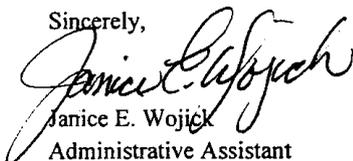
1. A report from a licensed therapist documenting a lengthy period of drug/alcohol free status, emotional health, and an opinion as to your ability to administer safe nursing care, including the administration of controlled substances.
2. Personal references addressing your emotional health and work habits.
3. Information from your current employers (since surrender of your license) documenting your ability to responsibly and accurately carry out assigned duties.
4. Copies of random chain of custody alcohol/drug screens, as ordered by your therapist and/or physician, which support your drug/alcohol free status.
5. Documentation of participation in support groups and support of a sponsor.
6. A self-assessment of the factors which led to the loss of your license and steps you have taken in rectifying these issues. You should also indicate your plans for updating your nursing skills and your practice goals should reinstatement of your license be granted.

All reports and correspondence are to be sent directly by the respective sources to:

**Kathleen Boulware, Supervising Nurse Consultant
Department of Public Health
410 Capitol Avenue – MS#12HSR
PO BOX 340308
Hartford, CT 06134-0308**

I hope this is helpful. If you have any questions please feel free to contact this office at 860-509-7624.

Sincerely,


Janice E. Wojcik
Administrative Assistant

c: Jennifer Filippone, Public Health Services Manager
Kathleen Boulware, Supervising Nurse Consultant
Janine Cordero, Licensing & Application Specialist

Phone:



Telephone Device for the Deaf: (860) 509-7191
410 Capitol Avenue - MS # _____
P.O. Box 340308 Hartford, CT 06134