

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH**

Re: Renee Jones, R.N.
License No.: R38811

Petition No. 2007-0706-010-057

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Renee Jones, 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 license number R38811.
4. I hereby voluntarily surrender my license to practice registered nursing in the State of Connecticut.
5. I further understand that if I seek a new license or to reinstate my license at any time in the future, any such application must be made to the Department which shall have 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 understand and agree that this affidavit and the case file in Petition Number 2007-0706-010-057 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
7. I understand that this surrender of my license is an event that is reportable to the National Practitioner Data Bank, and is public information.
8. I understand that, upon execution of this document by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in Petition No. 2007-0706-010-057. I understand that this document is not effective unless and until the Department has executed it, and the Board either grants the Department's Motion to Withdraw or the charges are dismissed.
9. I understand that I have the right to consult 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.
11. I understand that the purpose of this agreement is to resolve the pending matter against my license and is not intended to affect any claim of civil liability that might be brought against me.

Renee Jones R.N.
Renee Jones, R.N.

Subscribed and sworn to before me this 31 day of July 2009.

My Commission Expires 8/31/09

[Signature]
Notary Public
~~Commissioner of Superior Court~~
State of Connecticut
County of Fairfield

Accepted: Jennifer Filippone
Jennifer Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Systems Branch

8/11/09
Date