

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

Re: Richard Merritt, R.N.
License No.: R57029

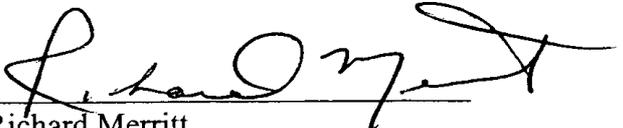
Petition No. 2001-1228-010-076

VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE LICENSE

Richard Merritt, 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. From July 2, 1999 to July 31, 2002, I held registered nurse license number R57029, issued by the Department of Public Health (hereinafter "the Department") to practice nursing.
4. I hereby voluntarily agree not to renew or reinstate 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 2001-1228-010-076 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 2001-1228-010-076 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
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. 2001-1228-010-076. 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. 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.

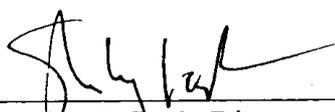

Richard Merritt

Subscribed and sworn to before me this 9th day of July, 2003.



Floragene Hungerford
MY COMMISSION # DD214447 EXPIRES
May 21, 2007
BONDED THRU TROY FAIN INSURANCE, INC.


Notary Public
Commissioner of Superior Court

Accepted: 
Stanley K. Peck, Director, Legal Office
Bureau of Healthcare Systems

7/14/03
Date