

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. \_\_\_\_\_

STATE OF CONNECTICUT  
DEPARTMENT OF HEALTH SERVICES  
BUREAU OF HEALTH SYSTEM REGULATION  
DIVISION OF MEDICAL QUALITY ASSURANCE

In re:

Crystal Weber, L.P.N.

Petition No. 860226-11-001

CONSENT ORDER

WHEREAS, Crystal Weber, L.P.N., of West Haven, Connecticut has been issued license number 20123 to practice as a licensed practical nurse by the Department of Health Services pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and

WHEREAS, Crystal Weber, L.P.N., admits and acknowledges that:

1. She has abused or excessively used the controlled substance cocaine.
2. She is licensed in Connecticut and does not have licensure pending in any other state.
3. She had been licensed in Florida, but that license has expired.
4. That the conduct described in 1. above fails to conform to the accepted standards of the nursing profession in violation of Section 20-99(b) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, as amended, Crystal Weber, hereby stipulates and agrees to the following:

1. That she waives the right to a hearing on the merits of this matter.
2. That her license number 20123 to practice as a licensed practical nurse in the State of Connecticut is suspended for six months.

3. That she is hereby directed to surrender her nursing license and current registration to the Board of Examiners for Nursing at 150 Washington Street, Hartford, Connecticut, 06106 on or before the first day of the month immediately following the date of the last signatory on this document.
4. That she may apply for reinstatement of her license at the end of the suspension period by writing to the address listed in paragraph 7. below.
5. That as a condition precedent to the reinstatement of her license, she shall provide supportive evidence indicating she has been drug free for the period of said suspension; said evidence must include documentation from a licensed therapist indicating the dates of treatment and an evaluation of her progress, and must contain a summary current to within one month of the application for reinstatement and documentation of her ability to safely practice nursing.
6. That she shall provide a copy of this Consent Order to her therapist.
7. That all correspondence and reports are to be addressed to:  

Marie Hilliard, R.N., M.S.N.  
Board of Examiners for Nursing  
Department of Health Services  
150 Washington Street  
Hartford, Connecticut 06106
8. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of address.
9. That this Consent Order may be considered as evidence of the admitted violations in any proceeding before the Board of Examiners

for Nursing (1) in which her compliance with this order is at issue, or (2) in which her compliance with §20-99(b) of the Connecticut General Statutes, as amended, is at issue.

10. That she understands that this Consent Order is a matter of public record.
11. That she does permit any conversation which is necessary between the Public Health Hearing Office of the Department of Health Services and the Connecticut Board of Examiners for Nursing regarding the final execution of this Consent Order.
12. That this Consent Order and the terms and conditions hereof are not subject to reconsideration, collateral attack, or judicial review under any form or in any forum. Further, that said order is not subject to appeal under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive her of any other rights that she may have under the laws of the State of Connecticut or of the United States.
13. That this Consent Order is effective on the first day of the next month after the date of the last signatory on this document.
14. That she has the right to consult with an attorney prior to signing this document.

I, Crystal Weber, have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Crystal Weber  
Crystal Weber

Subscribed and sworn to before me this 30th day of June

1986.

Jane Austin  
Notary Public or person authorized  
by law to administer an oath or  
affirmation

The above Consent Order having been presented to the duly authorized agent of  
the Commissioner of the Department of Health Services on the 1ST day  
of JULY 1986, it is hereby accepted.

David J. Pavis  
David J. Pavis, Chief  
Public Health Hearing Office

The above Consent Order having been presented to the duly authorized agent of  
the Connecticut Board of Examiners for Nursing on the 9th day of  
July 1986, it is hereby ordered and accepted.

CONNECTICUT BOARD OF EXAMINERS FOR  
NURSING

Bette Jane M. Murphy RN  
Bette Jane M. Murphy, R.N.  
Chairperson  
Connecticut Board of Examiners for  
Nursing

MCP:jew/aw  
co weber  
col5



STATE OF CONNECTICUT  
DEPARTMENT OF HEALTH SERVICES

February 20, 1987

# 020123

Crystal Weber  
10 Howard Street  
West Haven, CT 06516

13-01

Dear Ms. Weber:

Your application for reinstatement of your practical nursing license has been reviewed, and the Board of Examiners for Nursing recommend that your license be reinstated at this time.

Your original license number has already been reassigned to you, and issued following routine processing by the Department of Health Services.

Renewal of your practical nurse license is required, by law, annually during the month of your birth. If the license is not renewed within ninety (90) days of the due date, it will become automatically void. This means that future reinstatement will require re-application.

State law requires you to notify this office within thirty (30) days of ANY change of address whether in or out of this state. Should you have any questions concerning this process contact this department at 566-4979.

Sincerely,

Handwritten signature of Marie T. Hilliard in cursive.

Marie T. Hilliard, RN., Ph.D.  
Executive Officer  
Board of Examiners for Nursing

MTH/BG

cc: John Boccaccio, Acting Chief, License Renewals  
Hearing office  
Attorney General's office  
Celia Bumstead Carroll

Phone:

150 Washington Street — Hartford, Connecticut 06106  
An Equal Opportunity Employer