10- E58637
11- 021237

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

Re: Bethmarie Jackson, RN
License No.: E58637
Petition No. 2006-0717-010-058

Re: Bethmarie Jackson, LPN
License No.: 021237
Petition No. 2006-0717-011-023

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Bethmaarie Jackson, 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 nursing. I presently hold registered nurse license number E58637 and practical nurse license number 021237.

4. I hereby voluntarily surrender my registered nurse and practical nurse licenses 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(s) at any time in the future, the allegations contained in Petition Numbers 2006-0717-010-058 and 2006-0717-011-023 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(s) shall be issued or reinstated and, if so, whether said licenses(s) 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(s) 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 Numbers 2006-0717-010-058 and 2006-0717-011-023 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petitions.

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 Nos. 2006-0717-010-058 and 2006-0717-011-023.

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

11. 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.

12. I understand that the purpose of this agreement is to resolve the pending matter against my licenses and is not intended to affect any claim of civil liability that might be brought against me.

Bethmarie Jackson

Subscribed and sworn to before me this 2nd day of August 2006.

VICTORIA DE LORENZO
NOTARY PUBLIC
STATE OF CONNECTICUT
My Commission Expires
June 30, 2008

Notary Public
Commissioner of Superior Court

Accepted: _____ 8.10.06
Jennifer Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Systems Branch

Date

RAS/Jackson/legal/VS/72106