

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

Re: Vincent Castellon, III, L.P.N.  
License No. 021443

Petition No. 961230-011-039

**VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT**

Vincent Castellon, III, L.P.N., being duly sworn, deposes and says:

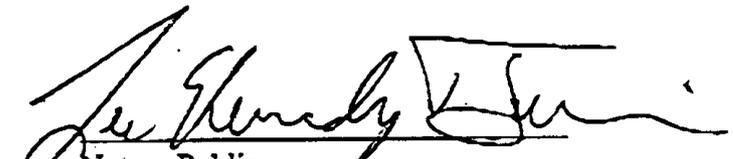
1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice as a licensed practical nurse. I presently hold license number 021443.
4. I hereby voluntarily surrender my license to practice as a licensed practical nurse to the Department.
5. I have chosen not to contest the matter presently under investigation by the Department. However, while admitting no guilt or wrongdoing, 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 961230-011-039 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 by the Department.
7. I understand and agree that this affidavit and the case file in Petition Number 961230-011-039 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.

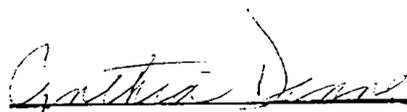
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- 8. I understand that, upon execution of this document by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in Petition No. 961230-011-039. I understand that this document is 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.

  
 \_\_\_\_\_  
 Vincent Castellon, III, L.P.N.

Subscribed and sworn to before me this 04 day of MARCH, 1998.

  
 \_\_\_\_\_  
 Notary Public  
 Commissioner of Superior Court

Accepted:   
 \_\_\_\_\_  
 Cynthia Denne, Director  
 Health Systems Regulation

3/9/98  
 \_\_\_\_\_  
 Date

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