

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

In re: Tammy Labrecque, L.P.N.

Petition No. 2010-205

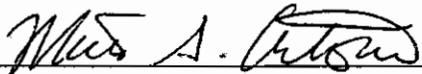
MOTION TO WITHDRAW STATEMENT OF CHARGES

Comes now the Department of Public Health (hereinafter "the Department") and hereby moves the Board of Examiners for Nursing (hereinafter "the Board") for an Order granting this Motion to Withdraw. As grounds for this Motion, the Department states that on May 14, 2010, respondent signed Voluntary Surrender of License Affidavit. A copy of respondent's Affidavit is attached hereto marked as Attachment "A." The Department has accepted respondent's Affidavit and license.

In accordance with Section 19a-14-1 et seq. of the Public Health Code, if respondent applies for reinstatement of her license at any time in the future, the Board shall determine whether or not such application is granted and, if so, whether terms and conditions shall be imposed.

Respondent has voluntarily given up her right to practice as a registered nurse in Connecticut with the Department's approval. For this reason, the Department believes that continued prosecution of this case is unnecessary, and that it is in the interests of justice and administrative economy to terminate these proceedings at this time.

Dated this 28th day of May, 2010 at Hartford, Connecticut.



Matthew S. Antonetti, Principal Attorney
Legal Office, Healthcare Systems Branch

ORDER

The foregoing motion having been duly considered by the Connecticut Board of Examiners for Nursing, it is hereby ~~GRANTED~~ DENIED.

Dated this 2nd day of June, 2010 at Hartford, Connecticut.

Patricia C. Buff
Board of Examiners for Nursing

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

Re: Tammy Labrecque, L.P.N.
License No.: 022523

Petition No. 2010-205

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Tammy Labrecque, 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 022523.
4. I hereby voluntarily surrender my license to practice as a licensed practical nurse 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 2010-205 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 2010-205 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this surrender of my license is reportable to the National Practitioner Data Bank and is public information.
9. 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. 2010-205. 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.

- 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 license and is not intended to affect any claim of civil liability that might be brought against me.
- 13. If applicable, I agree to comply with the provision of Section 19a-14-44 Regulations Connecticut State Agencies.

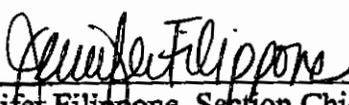

 Tammy Labreche

Subscribed and sworn to before me this 14 day of MAY 2010.



~~Notary Public~~
 Commissioner of Superior Court

NOTE EDWARD ANONUSHI

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

5/28/10
 Date

VolSurrSOCissued/