11-024784

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

In Re: Marian Trimmer, L.P.N.
License No.: 024784

Petition No. 2006-1023-011-038

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Marian Trimmer, 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 024784.

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 2006-1023-011-038 shall be deemed true. I further understand that any such application must be made to the Board of Examiners for Nursing (hereinafter "the Board") and the Department, and that the Board shall be a signatory to any order reinstating my license or granting me a new license.

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 is 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 2006-1023-011-038 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 document has no effect unless and until executed by the Department and that upon execution, the Department will dismiss Petition No. 2006-1023-011-038.

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

10. 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.

11. 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.

12. If applicable, I agree to comply with the provision of Section 19a-14-44 of the Connecticut State Regulations.

Marian B. Trimmer

Marian Trimmer

Subscribed and sworn to before me this 11th day of November 2006.

Patricia Correia

Notary Public My Commission Exp. Mar. 31, 2007
Commissioner of Superior Court

Accepted: Jennifer Filippone

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

11.15.06
Date