STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

2010 - 244

Re: Lynn Kuczenski, L.P.N. Petition No. ~~2008-1119-011-059~~
License No.: 024896

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Lynn Kuczenski, 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 license number 024896.

4. I hereby voluntarily surrender my license 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 at any time in the future, the allegations contained in Petition Number 2008-1119-011-059 shall be deemed true. I further understand that any such application must be made to the Connecticut 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 2008-1119-011-059 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. 2008-1119-011-059. 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.

L. Kuczenski

Lynn Kuczenski

Subscribed and sworn to before me 5/19/2010.

~~Notary Public~~

Commissioner of Superior Court

Accepted: Jennifer Filippone

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

5·19·10

Date