

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

Re: Lynne Pollak, L.P.N.  
License No.: 025803

Petition No. 2000-0202-011-006

**VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT**

Lynne Pollak, 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 025803.
4. I hereby voluntarily surrender my license to practice licensed practical 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 2000-0202-011-006 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 2000-0202-011-006 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
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. 2000-0202-011-006. 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.

*Lynne Pollak*  
Lynne Pollak

Subscribed and sworn to before me this 17<sup>th</sup> day of October 2000.

*Shirley P. Ryan*  
Notary Public  
Commissioner of Superior Court  
My Commission Exp. Aug. 31, 2004

Accepted: *Kathleen Zarrella* 10/17/00  
Kathleen Zarrella, Director Date  
Division of Health Systems Regulation