STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS

Re: Jacqueline Campbell, L.P.N. Petition No. 2002-0529-011-019
License No.: 027988

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Jacqueline Campbell, 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 027988.

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 2002-0529-011-019 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 2002-0529-011-019 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 a reportable event and is public information.

9. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2002-0529-011-019.

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.

Jacqueline M Campbell

Jacqueline Campbell

Subscribed and sworn to before me this 6th day of October 2003.

Notarial Seal
Kim A. Miller, Notary Public
Dushore Boro, Sullivan County
My Commission Expires Sept. 12, 2004
Member, Pennsylvania Association of Notaries

Notary Public
Commissioner of Superior Court

Accepted: Stanley K. Peck

Stanley K. Peck, Director, Legal Office
Bureau of Healthcare Systems

10/15/03
Date