

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

DEPARTMENT OF PUBLIC HEALTH  
LEGAL OFFICE  
2009 APR 13 12:00

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Re: Holly Mund, L.P.N.  
License No.: 029192

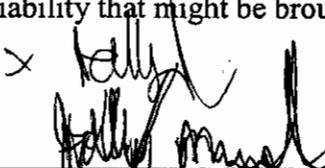
Petition No. 2009-0325-011-016

**VOLUNTARY SURRENDER**

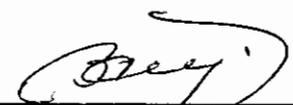
Holly Mund, being duly sworn, deposes and says:

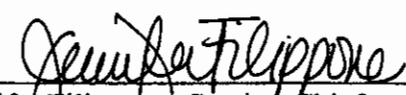
1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice licensed practical nursing. I presently hold license number 029192.
4. 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 2009-0325-011-016 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 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 2009-0325-011-016 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. 2009-0325-011-016.
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.

x   
\_\_\_\_\_  
Holly Mund, L.P.N.

Subscribed and sworn to before me this 7 day of April 2009.

  
\_\_\_\_\_  
Notary Public  
Commissioner of Superior Court  
**BERNARD W. DIEGO**  
**NOTARY PUBLIC**  
MY COMM. EXPIRES 06/30/09

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

4/22/09  
Date