STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

Re: Lisa A. Ferri, L.P.N. Petition No. 2009-20091288
License No.: 032486

VOLUNTARY SURRENDER

Lisa A. Ferri, 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 032486.

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 2009-20091288 shall be deemed true by the Department. 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 State 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 2009-20091288 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 this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2009-20091288.

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.

Lisa A. Ferri

Subscribed and sworn to before me this 29th day of March 2011.

Notary Public
Commissioner of Superior Court

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

4/4/11 3/29/11
Date

PAMELA L. PELLETIER
NOTARY PUBLIC
MY COMMISSION EXPIRES 3/31/2015