

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

Re: Richard Pepe, R.N., A.P.R.N.  
License Nos.: R31471 and 000074

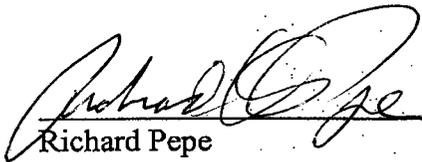
Petition Nos. 2012-191 and  
2012-192

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

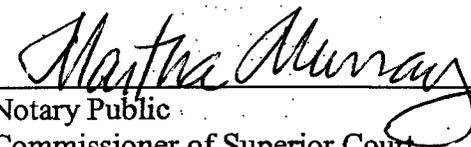
Richard Pepe, being duly sworn, deposes and says:

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 registered nurse and as an advanced practice registered nurse. I presently hold registered nurse license number R31471 and advanced practice registered nurse license number 000074.
4. I hereby voluntarily surrender my licenses to practice nursing in the State of Connecticut.
5. I understand and agree that if I seek new licenses or to reinstate my licenses at any time in the future, the allegations contained in Petition Numbers 2012-191 and 2012-192 shall be deemed true. I further understand that any such applications 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 licenses shall be issued or reinstated and, if so, whether said licenses 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 licenses be reinstated or that new licenses be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such requests.
7. I understand and agree that this affidavit and the case file in Petition Numbers 2012-191 and 2012-192 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petitions.
8. I understand that this surrender of my licenses 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 Nos. 2012-191 and 2012-192.

- 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 matters against my licenses 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.

  
Richard Pepe

Subscribed and sworn to before me this 19th day of March 2012.

  
Notary Public  
Commissioner of Superior Court

Accepted: Kathleen Bouwmeester 4-9-12  
~~Jennifer Filippone, Section Chief~~ ~~Kathleen Bouwmeester, RMO~~ Date  
 Practitioner Licensing and Investigations ~~Public Health Services~~  
 Healthcare Quality and Safety Branch ~~Manager~~

s:llf/Pepe