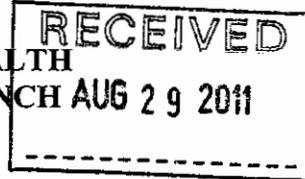


STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE SYSTEMS BRANCH



Re: Diane Petroski  
License No: E31166 and 000234

Petition No. 2011-573 and 2011-574

VOLUNTARY SURRENDER

Diane Petroski, 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 an advanced practice registered nurse. I presently hold registered nurse license number ~~E59373~~ E31166 and advanced practice registered nurse license number 000234.
4. I hereby voluntarily surrender my license to practice as a registered nurse and as an advanced practice registered 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 2011-573 and 2011-574 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 licenses 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 2011-573 and 2011-574 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 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 the Department; and that upon execution, the Department will dismiss Petition Nos. 2011-573 and 2011-574.

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.

Diane M. Petroski R.N., APRN  
Diane Petroski, R.N., APRN

Subscribed and sworn to before me this 25 day of Aug 2011.

Gerald Sullivan  
Notary Public Gerald Sullivan  
Commissioner of Superior Court

My Commission Expires  
10/31/2013

Accepted: Kathleen Bulware 9/7/11  
~~Jennifer Filippone, Section Chief~~ Kathleen Bulware, PTSM Date  
Practitioner Licensing and Investigation Section  
Healthcare Systems Branch