10 - E53716
12 - 001838

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

Re: Meg Fenn, APRN
License No. 001838

Petition No. 2008-0411-012-002

Meg Fenn, RN
License No. E53716

Petition No. 2008-0411-010-042

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Meg Fenn, 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 an advanced practice registered nurse and as a registered nurse. I presently hold advanced practice registered nurse license number 001838 and registered license number E53716.

4. I hereby voluntarily surrender my licenses to practice as an advanced practice registered nurse and as a registered nurse in the State of Connecticut.

5. I understand and agree that if I seek new license(s) or to reinstate my license(s) at any time in the future, the allegations contained in Petition Numbers 2008-411-012-002 and 2008-411-010-042 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(s) or granting me new license(s).

6. I hereby waive any right to a hearing I may have regarding any request that my license(s) be reinstated or that new license(s) 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 Numbers 2008-411-012-002 and 2008-411-010-042 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 a reportable event and is public information.

ORIGINAL

9. I understand that, upon execution of this document by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in Petition Nos. 2008-411-012-002 and 2008-411-010-042. I understand that this document is not effective unless and until the Department has executed it, and the Board either grants the Department's Motion to Withdraw or the charges are dismissed.

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 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.

Meg Fenn

Subscribed and sworn to before me this 14th day of NOVEMBER 2008.

Notary Public
~~Commissioner of Superior Court~~
My Commision Expires 9/30/2010

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

11/24/08
Date

RAS/Fenn/legal/VS/92908