

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

Re: Jay. T. Mohler-Avery R.N., APRN  
License numbers: R.N.: R48562, APRN: 004732

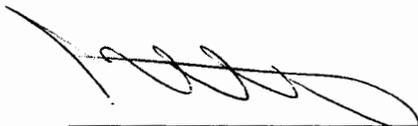
Petition No. 2012-1055 and 2012-1037

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Jay T. Mohler-Avery, 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 license numbers R48562 and 004732
4. I hereby voluntarily surrender my license to practice as a Registered Nurse and as an Advance 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 Numbers 2012-1055 and 2012-1037 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 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 Numbers 2012-1055 and 2012-1037 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 the Healthcare Integrity and Protection Data Bank maintained by the United States Department of Health and Human Services 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 Numbers 2012-1055 and 2012-1037.
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.

  
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 Jay T. Mohler-Avery, R.N., APRN

Subscribed and sworn to before me this 14<sup>th</sup> day of December 2012.

DIANE L. CYBULSKI  
 NOTARY PUBLIC  
 MY COMMISSION EXPIRES 6/30/2015

  
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 Notary Public  
 Commissioner of Superior Court

Accepted: Kathleen Bouluware 12-14-12  
~~Jennifer Filippone, Section Chief~~ Kathleen Bouluware Date  
 Practitioner Licensing and Investigations PHSM  
 Healthcare Quality & Safety Branch