STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS

In re: Robin H. Johnson, R.D.H. Petition No. 2007-0626-013-002

REINSTATEMENT CONSENT ORDER

WHEREAS, Robin H. Johnson of Old Saybrook (hereinafter "respondent") has been issued license number 004757 to practice as a dental hygienist by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 379 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on July 31, 2002, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. She failed to renew her license and was practicing as a dental hygienist from July 31, 2002 through the present time without a CT license.
2. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-126o of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. She waives her right to a hearing on the merits of this matter.
2. Respondent's license to practice as a dental hygienist shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in §§ 19a-14-1 through 19a-14-5,

inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties.

3. Respondent shall pay a civil penalty of ~~five hundred~~ two hundred + fifty ($ 250.00) RAS per SKP/ Stanley K. Peck dollars (~~$500.00~~) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check. Said civil penalty shall be payable at the time respondent submits this executed Reinstatement Consent Order to the Department.

4. Immediately upon issuance, respondent's license shall be reprimanded.

5. 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.

6. Respondent shall comply with all federal and state statutes and regulations applicable to his license.

7. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.

8. Respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.

9. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.

10. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Department of Public Health in which (1) her compliance with this Reinstatement Consent Order is at issue, or (2) her compliance with §20-126o of the General Statutes of Connecticut, as amended, is at issue.

11. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
12. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
13. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
14. Respondent has the right to consult with an attorney prior to signing this document.
15. This Reinstatement Consent Order is a matter of public record.

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I, Robin H. Johnson, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

Robin H Johnson
Robin H. Johnson, R.D.H.

Subscribed and sworn to before me this 10th day of July 2007.

State of Connecticut
Middlesex County

Notary Public or person authorized by law to administer an oath or affirmation

Expires 5/31/2010

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 18th day of July ____ 2007, it hereby ordered and accepted.

Wendy H. Furniss

Wendy H. Furniss
~~Jennifer L. Filippone, Section~~ Chief
~~Practitioner Licensing and Investigations~~
Healthcare Systems Branch

s/skp/cases/Johnson,rdh
reinstatement co