

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Practitioner Licensing and Investigations Section**

Re: Carelin Free, DH
License No.: 006787

Petition No. 2009-20091257

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Carelin Free, Dental Hygienist, 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 Dental Hygiene. I presently hold license number 006787.
4. I hereby voluntarily surrender my license to practice Dental Hygiene 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 2009-20091257 shall be deemed true. I further understand that any such application must be made to the Department which shall have absolute discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
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 Number 2009-20091257 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 a reportable event and is public information.
9. I understand that I have the right to consult with an attorney prior to signing this affidavit.
13. 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.

14. 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.
15. If applicable, I agree to comply with the provision of Section 19a-14-44, Regulations of Connecticut State Agencies.

Carolin Free
Carolin Free

Subscribed and sworn to before me this 17th day of September 2009.

Idaunte M. Gavineslei
Notary Public
~~Commissioner of Superior Court~~
My Commission Expires 3/31/2011

Accepted: Kathleen Budrose 9/17/09
~~Jennifer Filippone, Section Chief~~ Kathleen Budrose Date
Practitioner Licensing and Investigations PHSN
Healthcare Systems Branch