

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE SYSTEMS BRANCH**

In re: Amanda J. Arnio, R.D.H.

Petition No. 2010-5165

**REINSTATEMENT CONSENT ORDER**

WHEREAS, Amanda J. Arnio of East Lyme, Connecticut (hereinafter "respondent") has been issued license number 006999 to practice as a dental hygienist by the Department of Public Health (hereinafter "the Department") pursuant to Connecticut General Statutes, Chapter 379a, as amended.

WHEREAS, respondent's license expired on November 30, 2008, and respondent has now applied to have said license reinstated by the Department pursuant to Connecticut General Statutes, Chapter 368, as amended.

WHEREAS, respondent hereby admits:

1. On September 21, 2005 the Department issued respondent license number 006999 to practice as a dental hygienist under Connecticut General Statutes, Chapter 379a. Said license lapsed due to non-renewal on November 30, 2008.
2. From approximately December 2008 through June 2010 she practiced as a dental hygienist without a Connecticut license.
3. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to Connecticut General Statutes §19a-14(a)(6).

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

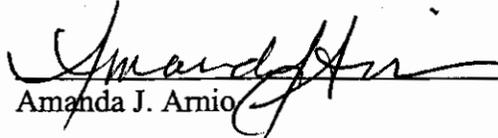
1. She waives her right to a hearing on the merits of this matter.
2. Respondent's license to practice as a dental hygienist shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in Connecticut Regulations §§19a-14-1 through 19a-14-5, inclusive, of the of Connecticut State Agencies and this Reinstatement Consent Order is executed by all parties.
3. Respondent shall pay a civil penalty of two hundred fifty dollars (\$250.00) 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.

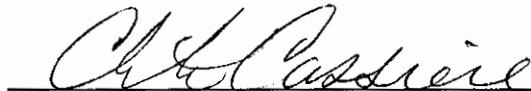
4. Immediately upon issuance, respondent's license shall be reprimanded.
5. Respondent shall comply with all federal and state statutes and regulations applicable to her license.
6. Respondent shall notify the Department in writing of any change in her home and/or business address within fifteen (15) days of such change.
7. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department.
8. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Department in which (1) her compliance with this Reinstatement Consent Order is at issue, or (2) her compliance with Connecticut General Statutes, Chapter 379a, as amended, is at issue. Further, respondent understands that the discipline imposed by this Reinstatement Consent Order shall be reported to the National Practitioner Data Bank.
9. 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. Respondent understands that this Reinstatement Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Connecticut General Statutes, Chapters 54 or 368a 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.
10. 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.
11. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.

12. Respondent has the right to consult with an attorney prior to signing this document.
13. This Reinstatement Consent Order is a public record.
14. 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.
15. This Reinstatement Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Reinstatement Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

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

  
Amanda J. Arnio

Subscribed and sworn to before me this 4<sup>th</sup> day of October 2010.

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



The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 7<sup>th</sup> day of October 2010, it is hereby ordered and accepted.

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

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