

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH
CONNECTICUT BOARD OF EXAMINERS FOR PHYSICAL THERAPISTS**

Re: Ronald Procko, P.T.
License No.: 002392

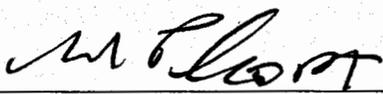
Petition No. 2006-0811-014-004

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Ronald Procko, being duly sworn, deposes and says:

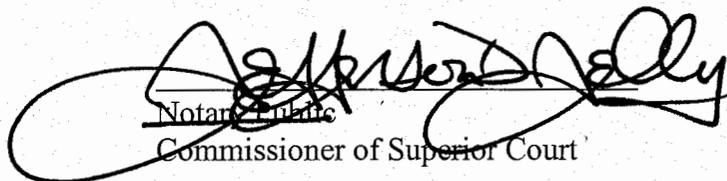
1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice as a physical therapist.. I presently hold license number 002392.
4. I hereby voluntarily surrender my license to practice as a physical therapist 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 002392 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 2006-0811-014-004 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 document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2006-0811-014-004.
9. I understand that I have the right to consult with an attorney prior to signing this affidavit.

- 10. 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.
- 11. Nothing in this document is an admission of any fact.
- 12. If applicable, I agree to comply with the provision of Section 19a-14-44 of the Connecticut State Regulations.



Ronald Procko, P.T.

Subscribed and sworn to before me this 19th day of March 2007.



Notary Public
Commissioner of Superior Court

Accepted: 

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

3.29.07
Date

dmt/prockovolsur