STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

Re: Thomas J. Fiese, P.T. Petition No. 2010-17
License No.: 008079

VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE

Thomas J. Fiese, 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 physical therapy. My license number 008079 lapsed on June 3, 2010.

4. I hereby voluntarily agree not to renew or reinstate my license to practice physical therapy 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 2010-17 shall be deemed true by the Department. 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 2010-17 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 agreement not to renew or reinstate my license is reportable to the National Practitioner Data Bank 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 No. 2010-17.

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.

Thomas J. Fiese

Subscribed and sworn to before me this 21 day of November 2011.

Notary Public
Commissioner of Superior Court

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

11/25/11
Date

COMMONWEALTH OF MASSACHUSETTS

personally appeared before me, the undersigned notary public, and proved to me his/her identity through satisfactory evidence, which were Thomas J. Fiese to be the person whose name is signed on the preceding or attached document in my presence on this 21st day of November 2011

NEGGY PIERRE, Notary Public
My Commission Expires May 4, 2018