

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

Re: Maren Robertson, R.N., CNM
License Numbers: ~~08054~~ and 000303
080054

Petition Numbers: 2013-306, 2013-310

VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE LICENSE

I, Maren Robertson, being duly sworn, depose and say:

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 was issued license number 080054 by the Department of Public Health (hereinafter "the Department") on September 27, 2006 to practice as a Registered Nurse and license number 000303 on December 29, 2006 to practice as a Certified Nurse Midwife. Said licenses, 080054 and 000303, lapsed on March 31, 2013.
4. I hereby voluntarily agree not to renew my licenses to practice as a Registered Nurse and Certified Nurse Midwife in the State of Connecticut.
5. I understand and agree that if I seek new licenses or to reinstate my licenses at any time in the future, the allegations contained in Petition Numbers 2013-306 and 3013-310 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 licenses shall be issued or reinstated and, if so, whether said licenses shall be subject to conditions.
6. I hereby waive any right to a hearing I may have regarding any request that my licenses be reinstated or that new licenses 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 files in Petition Numbers 2013-306 and 2013-310 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petitions.
8. I understand that this agreement not to renew or reinstate my licenses is an event that 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 Numbers 2013-306 and 2013-310.

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 matters against my licenses 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 of Connecticut State Agencies.

Maren Robertson
Maren Robertson, R.N., CNM

Subscribed and sworn to before me this 19th day of April 2013.

Martha Murray
~~Notary Public~~
Commissioner of Superior Court

Accepted: Kathleen Bouwman 4-22-2013
~~Jennifer Filippone, Section Chief~~ Kathleen Bouwman, RN Date
 Practitioner Licensing and Investigations Public Health Services
 Healthcare Quality & Safety Branch manager