

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: **Jennifer Heide, S.P.**
115 Carriage Drive
Stamford, CT 06902

Petition No. 941019-18-001

CONSENT ORDER

WHEREAS, Jennifer Heide, of Stamford, Connecticut (hereinafter "respondent") was issued a license on November 22, 1976, to practice the occupation of speech pathologist by the Department of Health Services, now known as the Department of Public Health and Addiction Services (hereinafter "the Department"); and,

WHEREAS, respondent's license expired on February 28, 1983, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 399 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. That from March 1, 1983, to the present, she has practiced the occupation of a speech pathologist without a currently valid license;
2. That the conduct described in paragraph 1 above constitutes grounds for the denial of her application for reinstatement of her license as a speech pathologist pursuant to §20-414(a) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-414(a) of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. That she waives her right to a hearing on the merits of this matter.
2. That ~~upon satisfaction of the requirements for licensure as a speech~~ pathologist as set forth in chapter 399 of the General Statutes of Connecticut, her license to practice as a speech pathologist will be ~~reinstated.~~
3. That she shall pay a ~~civil penalty~~ of five hundred dollars (\$500.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." Said civil penalty shall be submitted with this executed Consent Order.
4. That respondent shall comply with all federal and state statutes and regulations applicable to her license.
5. That respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
6. That she shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
7. That any deviation from the term(s) of this Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Consent Order shall result in the right of the Department to immediately deem respondent's speech pathologist license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Respondent waives any right to a hearing on the issue of violation of the terms of this Consent Order.

8. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Medical Quality Assurance of the Department.
9. That she understands that this Consent Order may be considered as evidence of the above-admitted conduct in any proceeding before the Commissioner of the Department in which (1) her compliance with the Consent Order is at issue or (2) her compliance with §20-414 of the General Statutes of Connecticut, as amended, is at issue.
10. That this Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that this Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that she may have under laws of the State of Connecticut or of the United States
11. That this 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
12. That this Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
13. That she has the right to consult with an attorney prior to signing this Consent Order.
14. That this Consent Order is a matter of public record.

I, Jennifer Heide, have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Jennifer Heide
Jennifer Heide

Subscribed and sworn to before me this 20th day of Dec. 1994 1994.

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

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health and Addiction Services on the 22nd day of December 1994, it hereby ordered and accepted.

[Signature]
Stanley K. Peck, Director
Division of Medical Quality Assurance

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