

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

In re: Elizabeth Hollaman

Petition No. 951121-18-022

REINSTATEMENT CONSENT ORDER

WHEREAS, Elizabeth Hollaman of Stratford, Connecticut (hereinafter "respondent") has been issued license number 1045 to practice speech pathology by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 399 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent's license expired on January 31, 1988, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. That from January 31, 1988 to the present, she practiced speech pathology with the Trumbull Public School System without the benefit of a current license;
2. That the conduct described in paragraph 1 above fails to conform to the accepted standards of speech pathology in violation of Connecticut General Statutes §§20-410 and 20-414, and constitutes grounds for denial of respondent's application for reinstatement of her license pursuant to §19a-14(a)(6).

NOW THEREFORE, pursuant to §§19a-17 and 20-414 of the Connecticut General Statutes, 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 her license to practice speech pathology shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in Chapter 399 of the Connecticut General Statutes, and this Reinstatement Consent Order is executed by all parties.
3. That she shall pay a civil penalty of eight hundred dollars (\$800) by certified or cashier's check payable to "Treasurer, State of Connecticut." Said civil penalty shall be payable at the time respondent submits this executed Reinstatement Consent Order to the Department.
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 respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
7. 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.
8. That she understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before a Hearing Officer appointed by the Commissioner of Public Health in which her compliance with §§20-410 and/or 20-414 of the Connecticut General Statutes as amended, is at issue.
9. That this Reinstatement 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 said Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes 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. That 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. That this Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
12. That she has the right to consult with an attorney prior to signing this document.
13. That this Consent Order is a matter of public record.

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

Elizabeth Hollaman  
Elizabeth Hollaman

Subscribed and sworn to before me this 4<sup>th</sup> day of March 1996.

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

My Commission Expires Mar. 31, 1999

The above Reinstatement Consent Order having been presented to the duly appointed agent

of the Commissioner of the Department of Public Health on the 16<sup>th</sup> day  
of March 1996, it hereby ordered and accepted.

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

CAO  
1730Q/67-70  
1/96



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES

BUREAU OF HEALTH SYSTEM REGULATION

March 29, 1996

Elizabeth L. Hollaman  
286 Brooklawn Rd.  
Stratford, CT 06497

Dear Ms. Hollaman :

Lic. No. 001045

Your application for reinstatement of your speech pathology license has been reviewed.

Your licensure reinstatement has been approved, under the terms of the Department of Health Services Regulations 19a-14-1 to 19a-14-5. Your license will be issued following routine processing by the Department of Public Health.

Your original license number has been reassigned to you, effective the date of this letter.

Renewal of your speech pathology license is required, by law, annually during the month of your birth. If your license is not renewed within ninety (90) days of the due date, it will become automatically void. This means that failure reinstatement will require re-application to the Connecticut Department of Public Health.

State law requires you to notify this office within thirty (30) days of ANY change of name and/or address failure to do so could jeopardize the status of your license.

Respectfully,

Debra L. Johnson  
Health Program Associate  
Applications, Examinations and Licensure

DLJ:cas  
6097V/23

CC: Debra J. Tomassone, Chief L&R-

(860) 566-4967

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