STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH
BOARD OF EXAMINERS IN PODIATRY

Re: Robert Januska, D.P.M. Petition No. 2008-0314-019-001
License No.: 000089

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Robert Januska, D.P.M., 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 podiatry. I presently hold license number 000089.

4. I hereby voluntarily surrender my license to practice podiatry 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 2008-0314-019-001 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 2008-0314-019-001 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.

8. I understand that, upon execution of this document by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in Petition No. 2008-0314-019-001. I understand that this document is not effective unless and until the Department has executed it, and the Board either grants the Department's Motion to Withdraw or the charges are dismissed.

9. I understand that I have the right to consult with an attorney prior to signing this affidavit.

10 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.

11 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. Except as provided in paragraph 5, nothing in this voluntary surrender affidavit is intended as an admission of any fact.

12. If applicable, I agree to comply with the provision of Section 19a-14-44, Regulations of Connecticut State Agencies.

Robert Januska, D.P.M.

Subscribed and sworn to before me this 1st day of May 2008

Notary Public
Commissioner of Superior Court

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

5/29/08
Date