

2. That her license to practice as a hairdresser shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in Chapter 387 of the Connecticut General Statutes, and this Reinstatement Consent Order is executed by all parties.
3. That she shall pay a civil penalty of two hundred dollars (\$200.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." Said civil penalty shall be payable at the time respondent submits the executed Reinstatement Consent Order to the Department.
4. That respondent's license number 001091 to practice as a hairdresser in the State of Connecticut is hereby reprimanded.
5. That respondent shall comply with all federal and state statutes and regulations applicable to her license.
6. That she understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Board.
7. 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 Reinstatement 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.
8. That this Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.

9. That this Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
10. That she has the right to consult with an attorney prior to signing this document.
11. That this Reinstatement Consent Order is a matter of public record.

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I, Ann Marie Rose Chauvin , have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

Ann Marie Rose Chauvin
Ann Marie Rose Chauvin

Subscribed and sworn to before me this 12th day of June 1996.

Carolyn Trench
Notary Public or person authorized
by law to administer an oath or
affirmation
CAROLYN TRENCH
NOTARY PUBLIC
MY COMMISSION EXPIRES JULY 31, 1997

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 21st day of June 1996, it hereby ordered and accepted.

Stanley K. Peck (ww)
Stanley K. Peck, Director
Division of Medical Quality Assurance



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Bureau of Regulatory Services

June 21, 1996

Ann Marie Chauvin
20-A Whittlesey Avenue
New Milford, CT 06776

Dear Ms. Chauvin:

Dear Candidate:

Lic. No. 001091

Your application for reinstatement of your hairdressing/cosmetology license has been reviewed.

Your licensure reinstatement has been approved, under the terms of Department Regulations, Sections 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, as noted above, has been reassigned to you effective the date of this letter. I have also enclosed a copy of the fully executed Consent Order in accordance with which your license is being reinstated.

Renewal of your hairdressing/cosmetology 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 future 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. Should you have any questions regarding renewal, please contact the Licensure & Registration section at (860) 509-7592.

Respectfully,

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

DLJ:MCJ
enclosure
0737V

cc: Donna Buntaine Brewer, Chief, Legal Office
Debra Tomassone, Chief, Licensure and Registration ✓



Phone:

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # _____

P.O. Box 340308 Hartford, CT 06134

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