

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In re: Joseph Celotto, H.C.

Petition No. 960826-020-028

REINSTATEMENT CONSENT ORDER

WHEREAS, Joseph Celotto of West Haven, Connecticut (hereinafter "respondent") has been issued license number 010942 to practice as a hairdresser and cosmetician by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 387 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent's license expired on January 31, 1990, 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, 1990 until the present, he practiced hairdressing and cosmetology during which time his license had lapsed.
2. That the conduct described in paragraph 1 above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6).

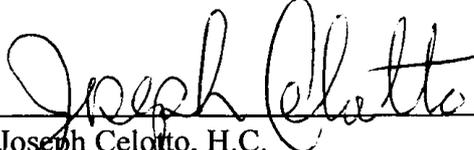
NOW THEREFORE, pursuant to §§19a-17 and 20-263 of the Connecticut General Statutes, as amended, respondent hereby stipulates and agrees as follows:

1. That he waives his right to a hearing on the merits of this matter.
2. That his license to practice hairdressing and cosmetology shall be reinstated when he satisfies the requirements for reinstatement of his license, as set forth in Chapter 387 of the Connecticut General Statutes, and this Reinstatement Consent Order is executed by all parties.
3. That he shall pay a civil penalty of three hundred dollars (\$300) 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 shall comply with all federal and state statutes and regulations applicable to his license.
5. That respondent shall notify the Department of any change(s) in his employment within fifteen (15) days of such change.
6. That respondent shall notify the Department of any change in his 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 Bureau of Regulatory Services of the Department.
8. That he understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Department of

Public Health in which (1) his compliance with this Reinstatement Consent Order is at issue, or (2) his compliance with §20-263 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 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 he 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 Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
12. That he has the right to consult with an attorney prior to signing this document.
13. That this Reinstatement Consent Order is a matter of public record.

I, Joseph Celotto, 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.



Joseph Celotto, H.C.

Subscribed and sworn to before me this 26th day of September 1996.



~~Notary Public or person authorized~~
~~by law to administer an oath or~~
~~affirmation~~

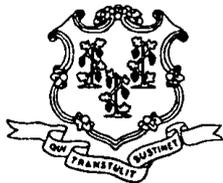
The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 10th day of October _____ 1996, it hereby ordered and accepted.



① ~~Stanley K. Peek~~, Director
Division of Medical Quality Assurance

PAB/celreco

reinstatement.co
0793Q/27-30



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Z 015 243 506

October 11, 1996

Joseph Celotto
80 Willow Street
West Haven, Connecticut 06516

Dear Mr. Celotto:

On behalf of the Department of Public Health, I want to congratulate you upon the successful completion of all requirements for the reinstatement of licensure as a hairdresser/cosmetician in the State of Connecticut.

Connecticut license number 010942 has been reissued to you, effective the date of this letter. You are eligible to begin the practice of hairdressing/cosmetology as of this date.

Also, enclosed is a copy of the fully executed Consent Order in accordance with which your license is being reinstated. The Consent Order is effective as of the date of licensure noted above.

You will receive your license in about eight (8) weeks, at the address shown above. Full instructions regarding future renewal will also be enclosed.

It is your responsibility to notify the Department of Public Health, in writing of any future changes of name and/or address. Such notification to the Department is required by law, and failure to provide same will jeopardize the status of your license.



Phone: (860) 509-7569

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # 12APP

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October 11, 1996

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Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure that you renew your license in timely manner each year in the month of your birth.

If you have any questions, please do not hesitate to contact this office at (860) 509-7569.

Sincerely,



Debra L. Johnson
Health Program Associate
Applications and Examinations

cc: Debra Tomassone, HSS,L&R
Kay Zarrella, SNC
Paul Bobruff, Staff Attorney, Legal Office