STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

In re: Beth Harrison, HC Petition No. 2008-0221-020-011

REINSTATEMENT CONSENT ORDER

WHEREAS, Beth Harrison (hereinafter "respondent") of Branford, Connecticut has been issued license number 027265 to practice hairdressing by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 387 of the General Statutes of Connecticut, as amended; and

WHEREAS, respondent's license expired on August 31, 1995 and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. On January 1, 1981 the Department issued respondent license number 027265 to practice hairdressing and cosmetology under the General Statutes of Connecticut, Chapter 387. Said license lapsed due to non-renewal on August 31, 1995.
2. From approximately August 31, 1995 through the present, she engaged in the practice of hairdressing and cosmetology without a Connecticut license.
3. The conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-252 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. She waives her right to a hearing on the merits of this matter.
2. Respondent's license to practice hairdressing shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in §§ 19a-14-1 through 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies and this Reinstatement Consent Order is executed by all parties.
3. Respondent shall pay a civil penalty of six hundred and fifty dollars ($650.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check. Said civil penalty shall be payable at the time respondent submits this executed Reinstatement Consent Order to
4. Immediately upon issuance, respondent's license shall be reprimanded.
5. 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.
6. Respondent shall comply with all federal and state statutes and regulations applicable to her license.
7. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
8. Respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
9. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department.

10. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this 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.
11. 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.
12. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
13. Respondent has the right to consult with an attorney prior to signing this document.
14. This Reinstatement Consent Order is a public record.
15. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Reinstatement Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Beth Harrison, 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.

Beth Harrison

Subscribed and sworn to before me this 16 day of September 2008.

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 13th day of October 2008, it hereby ordered and accepted.

Jennifer L. Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Systems Branch