STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

In re: Gail M. Freeman-Cavanaugh, H/C Petition No. 2007-0509-020-016

REINSTATEMENT CONSENT ORDER

WHEREAS, Gail M. Freeman-Cavanaugh of East Hampton, Connecticut (hereinafter "respondent") has been issued license number 028455 to practice as a Hairdresser and Cosmetician 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, 2000, 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. She failed to renew her license and practiced as a Hairdresser and Cosmetician from August 31, 2000 to the present time, without a license.
2. That 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 20-263 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. Respondent waives her right to a hearing on the merits of this matter.

2. Respondent's license to practice as a Hairdresser and Cosmetician 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 five hundred dollars ($500.00) 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 the Department.
4. Immediately upon issuance, respondent's license shall be reprimanded.
5. Respondent shall comply with all federal and state statutes and regulations applicable to her license.
6. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
7. Respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
8. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Investigations of the Healthcare Systems Branch of the Department.
9. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Examining Board for Barbers, Hairdressers & Cosmeticians in which (1) her compliance with this Reinstatement Consent Order is at issue, or (2) her compliance with §20-263 of the General Statutes of Connecticut, as amended, is at issue.

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 matter of public record.
15. 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.

*

*

*

*

*

*

I, Gail M. Freeman-Cavanaugh, 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.

Gail M. Freeman-Cavanaugh, H/C

Subscribed and sworn to before me this 24th day of May 2007.

LINDA L. LYNCH
NOTARY PUBLIC
MY COMMISSION EXPIRES MAR. 31, 2010

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 24th day of May ____ 2007, it hereby ordered and accepted.

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