

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 three hundred dollars (\$300.00) 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 shall comply with all federal and state statutes and regulations applicable to her license.
5. That she understands this Reinstatement Consent Order may be offered into evidence by the Department in any proceeding before the Board.
6. 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.
7. That this Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
8. That this Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
9. That she has the right to consult with an attorney prior to signing this document.

10. That this Reinstatement Consent Order and any correspondence received by the Department from Respondent and/or her attorneys, with the exception of medical or psychiatric records, is a matter of public record.

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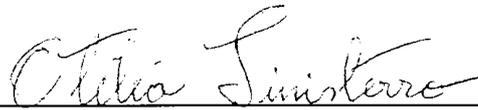
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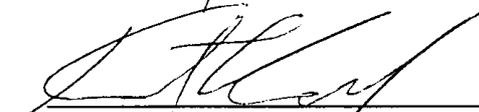
*

I, Otilia Sinisterra, 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.



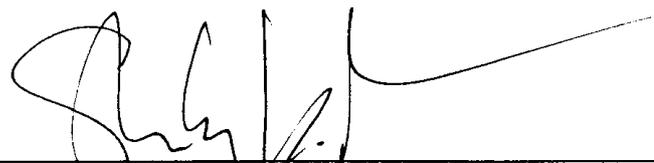
Otilia Sinisterra

Subscribed and sworn to before me this 9th day of August 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 20th day of August 1996, it hereby ordered and accepted.



Stanley K. Peck, Director
Division of Medical Quality Assurance



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Bureau of Regulatory Services

August 23, 1996

Otilia Sinisterra
46 Mansfield Grove Road
East Haven, CT 06512

Dear Candidate:

Lic. No. 032671

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. The Consent Order is effective as of your date of licensure noted above.

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 and Examinations

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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