



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

December 8, 2009

Tracy Jason  
35 Elizabeth Street  
West Haven, CT 06516

Dear Ms. Jason:

This is to advise you that you have completed all requirements for Connecticut hairdresser/cosmetician licensure. License number 045714 has been issued the date of this letter pursuant to the Reinstatement Consent Order you entered into.

You will receive your license documents (2 wallet-sized cards and 1 suitable for posting) during the third week of January, at your address of record. 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 to renew your license in a timely manner every two years in the month of your birth.

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.

If you have any questions, please do not hesitate to contact this office at (860) 509-7590.

Sincerely,

Stephen B. Carragher  
Health Program Supervisor  
Practitioner Licensing and Investigations Section

cc: Jennifer Filippone, Section Chief  
Donna Brewer, Director, Public Health Hearing Office

SBC: fm

Petition No. 2009-20091085

Phone:



Telephone Device for the Deaf: (860) 509-7191  
410 Capitol Avenue - MS # \_\_\_\_\_  
P.O. Box 340308 Hartford, CT 06134

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**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE SYSTEMS BRANCH**

In re: Tracy Jason

Petition No. 2009-20091085

**REINSTATEMENT CONSENT ORDER**

WHEREAS, Tracy Jason of West Haven, CT (hereinafter "respondent") has been issued license number 045714 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 April 30, 2001, 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 28, 1994, the Department issued respondent license number 045714 to practice hairdressing and cosmetology under the General Statutes of Connecticut, Chapter 387. Said license lapsed due to nonrenewal on April 30, 2001.
2. From approximately May 2001 through October 2009, she engaged in the practice of hairdressing and cosmetology without a Connecticut license.
3. 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 20-252 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 one thousand and four hundred dollars (\$1,400.00) 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 Practitioner Licensing and Investigations Section 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 and Cosmeticians in which (1) her compliance with this Reinstatement Consent Order is at issue, or (2) her compliance with Chapter 387 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. The purpose of this Reinstatement Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
16. This Reinstatement 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.

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I, Tracy Jason, 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.

Tracy Jason  
Tracy Jason

Subscribed and sworn to before me this 2nd day of December 2009.

Barbara Doyle  
Notary Public or person authorized  
by law to administer an oath or  
affirmation **My Commission Exp. July 31, 2010**

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 8th day of December 2009, it hereby ordered and accepted.

Kathleen Boulware  
~~Jennifer L. Filippone, Section Chief~~ **Kathleen Boulware, RN**  
Practitioner Licensing and Investigations Section **PHSH**  
Healthcare Systems Branch

