

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

In re: Monique L. Smith

Petition No. 98III-020-037

**REINSTATEMENT CONSENT ORDER**

WHEREAS, Monique L. Smith of Windsor, Connecticut (hereinafter "respondent") has been issued license number 046623 to practice hairdressing and cosmetology 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 October 31, 1996, 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. That from November 1, 1996 until present she practiced hairdressing and cosmetology during which time her license had lapsed.
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.

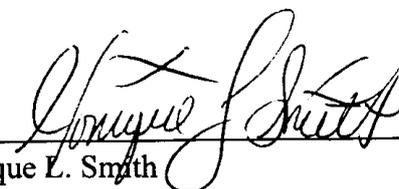
NOW THEREFORE, pursuant to §§19a-17 and 20-263 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

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

2. Respondent's license to practice hairdressing and cosmetology shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in Chapter 19a-14-1 through 19a-14-5 of the Public Health Code of the State of Connecticut, and this Reinstatement Consent Order is executed by all parties.
3. Respondent shall pay a civil penalty of one hundred dollars (\$100.00) 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. Respondent shall comply with all federal and state statutes and regulations applicable to her license.
5. Respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
6. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
7. 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 §20-263 of the General Statutes of Connecticut, as amended, is at issue.
8. 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,

I, Monique L. Smith, 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.

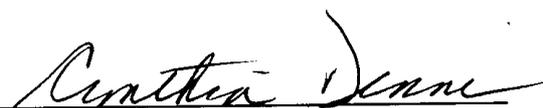
JUDITH S. LATIN  
NOTARY PUBLIC  
MY COMMISSION EXPIRES APR. 30, 2001

  
\_\_\_\_\_  
Monique L. Smith

Subscribed and sworn to before me this 27<sup>th</sup> day of November 1998.

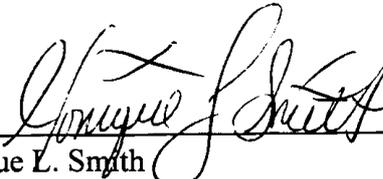
  
\_\_\_\_\_  
Notary Public or person authorized  
by law to administer an oath or  
affirmation

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 1<sup>st</sup> day of December 1998, it hereby ordered and accepted.

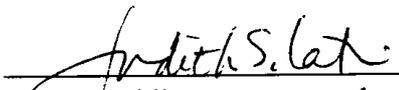
  
\_\_\_\_\_  
Cynthia Denne, Director  
Division of Health Systems Regulation

I, Monique L. Smith, 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.

JUDITH S. LATIN  
NOTARY PUBLIC  
MY COMMISSION EXPIRES APR. 30, 2001

  
\_\_\_\_\_  
Monique L. Smith

Subscribed and sworn to before me this 27<sup>th</sup> day of November 1998.

  
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Notary Public or person authorized  
by law to administer an oath or  
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\_\_\_\_\_  
Cynthia Denne, Director  
Division of Health Systems Regulation



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED

P 505 284 081

December 18, 1998

Monique L. Smith  
139 Columbia Road  
Windsor, CT 06095

Dear Ms. Smith:

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 046623 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) 509-7584

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # 12 APP

P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

December 18, 1998

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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 a timely manner each year in the month of your birth.

If you have any questions, please do not hesitate to contact this office at 860-509-7584.

Sincerely,



Debra L. Johnson  
Health Program Supervisor  
Division of Health Systems Regulation

cc: Debra Tomassone, PHSM ✓  
Kay Zarrella, PHSM  
Stanley Peck, Director, Legal Office

Petition Number: 98 IIII-020-037