

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

In re: Waleska Graham

Petition No. 2001-0820-020-019

REINSTATEMENT CONSENT ORDER

WHEREAS, Waleska Graham of Wallingford, Connecticut (hereinafter "respondent") has been issued license number 047173 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 March 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 April 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 Sections 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 two hundred seventy five dollars (\$275.00) 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, 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.

9. 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.
10. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
11. Respondent has the right to consult with an attorney prior to signing this document.
12. This Reinstatement Consent Order is a matter of public record.

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I, : Waleska Graham, 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.

Waleska Graham
Waleska Graham

Subscribed and sworn to before me this 19th day of October 2001.

Juan M Martone
Notary Public or person authorized
by law to administer an oath or
affirmation

JOAN M. MARTONE
NOTARY PUBLIC
My Commission Expires Feb. 28, 2006

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 26th day of October 2001, it hereby ordered and accepted.

Debra Turcotte
Debra Turcotte, Director
Division of Health Systems Regulation



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
CERTIFIED MAIL RETURN RECEIPT REQUESTED
7099 3400 0018 2731 2369

October 31, 2001

Waleska Graham
31 Louis Circle
Wallingford, CT 06492

Dear Ms. Graham:

This is to inform you that you have completed all requirements for the reinstatement of your Connecticut hairdresser/cosmetician license. License number ~~047173~~ has been reissued to you effective October 31, 2001. **047173**

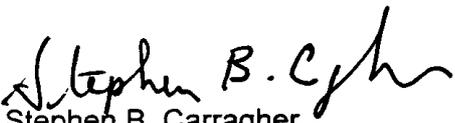
Enclosed is a copy of the fully executed Reinstatement Consent Order in accordance with which your license has been reinstated.

You will receive your license in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will accompany your license. 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 another review of your credentials to determine if you satisfy current licensing requirements. Please be sure to renew your license each year during your birth month to avoid the reinstatement process.

It is your responsibility to notify the Department of Public Health, in writing, of any future changes of name and/or address. Such notification is required by law. Failure to do so will jeopardize the status of your license.

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

Sincerely,


Stephen B. Carragher
Health Program Supervisor
Division of Health Systems Regulation

cc: Donna Brewer, Director, Public Health Hearing Office
Stanley Peck, Director, Legal Office
Jennifer Filipone, Public Health Services Manager —
Janine Cordero, Licensing Examination Assistant

SBC/cs
Petition Number: 2001-0820-020-019



Phone:
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410 Capitol Avenue - MS # _____
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