

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE**

In re: Mayra Roosioks

Petition No. 960426-20-015

PRELICENSURE CONSENT ORDER

WHEREAS, Mayra Roosioks of Branford, Connecticut (hereinafter "respondent") has applied for licensure to practice as a hairdresser and cosmetician by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 387 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent admits that:

1. The Department has at no time issued respondent a license to practice the occupation of hairdressing and cosmetology under Connecticut General Statute Chapter 387.
2. From approximately June of 1992 through approximately December of 1994, and again from August of 1995 through September of 1995, respondent practiced hairdressing and cosmetology at Jade Salon, Stratford, Connecticut.
3. By the conduct described above, respondent committed acts that constitute grounds for the denial of her application for licensure pursuant to §19a-14 of the Connecticut General Statutes.

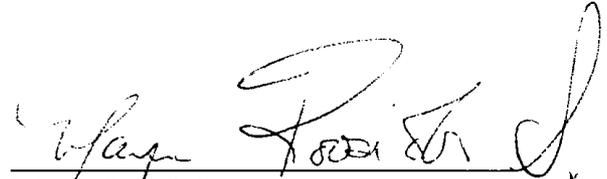
NOW THEREFORE, pursuant to §19a-14 of the Connecticut General Statutes, respondent hereby stipulates and agrees to the following:

1. That she waives the right to a hearing on the merits of her application for licensure.
2. That after satisfying the requirements for licensure as a hairdresser and cosmetician as set forth in Chapter 387 of the Connecticut General Statutes, respondent's license to practice as a hairdresser and cosmetician will be issued.
3. That her license to practice as a hairdresser and cosmetician in the State of Connecticut shall immediately upon issuance, be reprimanded.
4. That respondent shall pay a civil penalty in the amount of four hundred dollars (\$400.00) 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 Prelicensure Consent Order to the Department.
5. That respondent shall comply with all state and federal statutes and regulations applicable to her license.
6. That she understands that this Prelicensure 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 her compliance with §20-263 of the Connecticut General Statutes, as amended, is at issue.
7. That this Prelicensure 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, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the Connecticut General Statutes, provided that

this stipulation shall not deprive her of any other rights that she may have under the laws of the State of Connecticut or of the United States.

8. That this Preliminary 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.
9. That this Preliminary Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
10. That she understands this Preliminary Consent Order is a matter of public record.
11. That she understands she has the right to consult with an attorney prior to signing this Preliminary Consent Order.

I, Mayra Roosioks, have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.



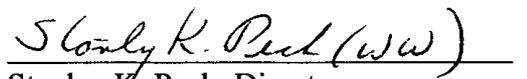
Mayra Roosioks

Subscribed and sworn to before me this 21 day of June 1996.



Notary Public or person authorized
by law to administer an oath or
affirmation
MAURA E. CONKLIN
NOTARY PUBLIC
MY COMMISSION EXPIRES MAR. 31, 1997

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 28th day of June, 1996, it is hereby ordered and accepted.



Stanley K. Peck, Director
Division of Medical Quality Assurance



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

July 5, 1996

Mayra ~~Segovia~~-Roosioks
102 Foxbridge Village Road
Branford, CT 06405

DEAR CANDIDATE:

Your application for Hairdressing and Cosmetology license in Connecticut has been processed.

Your license number is 047707, and is effective as of the date of this letter. I have also enclosed a copy of the fully executed Prelicensure Consent Order in accordance with which your license is being granted.

This is your authorization to work as a Hairdresser and Cosmetician in the State of Connecticut until you receive your new hairdressing license.

Renewal of your hairdressing/cosmetology license is required, by law, annually during the month of your birth. The renewal fee is twenty-five dollars (\$25.00). The fee is required whether or not you are located in Connecticut. An IBM application will be sent to you, two months prior to the renewal date.

If the 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 address whether in or out of this State. This is most important as it is the only means we have of ascertaining your whereabouts and keeping our records up to date. It is important in case of inquiry for verification of your license.

Should you have any questions or concerns regarding the renewal of your license, please contact the Licensure and Registration Section at (860) 509-7592.

Respectfully,

Debra L. Johnson
Health Program Associate
Applications, Examinations and Licensure

cc: Judith Lederer, Staff Attorney, Legal Office
✓ Debra Tomassone, Chief, Licensure and Registration

DLJ:MCJ
0731V



Phone:

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # _____

P.O. Box 340308 Hartford, CT 06134

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