STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES

In re: Josette Bryant Petition No. 960221-000-021

PRELICENSURE CONSENT ORDER

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

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice the occupation of hairdresser/cosmetician under the General Statutes of Connecticut, Chapter 387.
2. That from January 17, 1996 to September 25, 1996 she practiced hairdressing and cosmetology without a valid license.
3. The conduct described above constitutes grounds for the denial of respondent's application for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

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

1. Respondent waives the right to a hearing on the merits of her application for licensure.
2. After satisfying the requirements for licensure as a hairdresser/cosmetologist as set forth in Chapter 387 of the General Statutes of Connecticut, respondent's license to practice as a hairdresser/cosmetologist will be issued.

3. Respondent shall comply with all state and federal statutes and regulations applicable to her license.

4. Respondent shall pay a civil penalty of fifty dollars ($50.00) 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 the executed Consent Order to the Department.

5. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.

6. Respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.

7. Any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's hairdressing/cosmetology license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the recision of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.

8. That correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

Bonnie Pinkerton, Nurse Consultant

Department of Public Health

410 Capitol Avenue, MS #12LEG

P.O. Box 340308

Hartford, Connecticut 06134-0308

9. 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.

10. Respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Department of Public Health in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-250 of the Connecticut General Statutes, as amended, is at issue.

11. 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 General Statutes of Connecticut, 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.

12. This Prelicensure 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.

13. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.

14. Respondent understands this Prelicensure Consent Order is a matter of public record.

15. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

I, Josette Bryant 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.

Josette Bryant

Subscribed and sworn to before me this 16th day of Jan. 1997.

Notary Public or person authorized
by law to administer an oath or
affirmation Com. Expires 11/31/99

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 16th day of January 1997, it is hereby ordered and accepted.

Cynthia Denne, Director
Division of Health Systems Regulation

prelicensure co
0793Q/33-37

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED
Z 015 243 539

January 24, 1997

Josette Bryant
50 Allen Street A513
Bridgeport, CT 06604

Dear Ms. Bryant:

On behalf of the Department of Public Health, I want to congratulate you upon the successful completion of all requirements for licensure as a hairdresser/cosmetologist in the State of Connecticut.

Connecticut license number 048105 has been issued 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 issued. 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) 509-7569
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

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 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) 509-7569.

Sincerely,

Debra L. Johnson

Debra L. Johnson
Health Program Associate
Applications and Examinations

cc: Debra Tomassone, HSS,L&R
Kay Zarrella, SNC
Stanley Peck, Director, Legal Office

Petition Number: 960221-000-021