STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS

In re: Kelly E. Vail

Petition No. 2002-1205-020-034

REINSTATEMENT CONSENT ORDER

WHEREAS, Kelly E. Vail of East Hartford, Connecticut (hereinafter "respondent") has been issued license number 049118 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 January 31, 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. That from February 1, 2001 until present respondent practiced hairdressing and cosmetology during which time respondent's 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. Respondent waives the right to a hearing on the merits of this matter.

2. Respondent's license to practice hairdressing and cosmetology shall be reinstated when respondent satisfies the requirements for reinstatement of respondent's license, as set forth in Section 19a-14-1 through 19a-14-5 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 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 respondent's license.

5. Respondent shall notify the Department of any change in respondent's 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 Department's Office of Practitioner Licensing and Certification.

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) respondent's compliance with this Reinstatement Consent Order is at issue, or (2) respondent's 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 respondent 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, Kelly E. Vail, 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.

Kelly E. Vail

Subscribed and sworn to before me this 27 day of December 2002.

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

JENNY M. PIER
NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 31, 2007

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 6th day of _____ 2003, is hereby ordered and accepted.

Stanley K. Peck, Director
Legal Office

sk
reinstatement co

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED
7099 3400 0018 2733 9366

January 6, 2003

Kelly E. Vail
31 High St. #7304
East Hartford, CT 06118

Dear Ms. Vail:

This is to advise you that you have completed all requirements for reinstatement of your license to practice as a hairdresser/cosmetician in Connecticut. License number 049118 has been reissued effective the date of this letter.

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

You will receive your license in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will be enclosed. 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 each year 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 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
Office of Practitioner Licensing and Certification

cc: Jennifer Filippone, Office of Practitioner Licensing and Certification
Stanley Peck, Director, Legal Office
Donna Brewer, Director, Public Health Hearing Office

SBC/sk
Petition Number: 2002-1205-020-034

Phone:
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # _____
P.O. Box 340308 Hartford, CT 06134
Affirmative Action / Equal Employment Opportunity Employer