

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

In re: Marian ~~Guthrie~~-Fanning

Petition No. 990330-000-027

**PRELICENSURE CONSENT ORDER**

WHEREAS, Marian Guthrie-Fanning of Hamden, Connecticut (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 hairdressing/cosmetology under the General Statutes of Connecticut, Chapter 387.
2. In February, 1996, respondent was convicted of larceny in the first degree, which constitutes a felony under the laws of this state.
3. Respondent answered in the negative on her hairdresser/barber license application, when asked whether she had ever been found guilty or convicted of a felony.
4. Respondent suffers from Bipolar Disorder.
5. As a result of her medical condition, respondent requires continuous, life-long medication compliance in order to remain stabilized.
6. That from April, 1998, to August, 1999, she engaged in the practice of hairdressing and cosmetology without having a valid license to do so.
7. 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/cosmetician as set forth in Chapter 387 of the General Statutes of Connecticut, respondent's license to practice as a hairdresser/cosmetician will be issued.
3. Immediately upon issuance, respondent's license to practice as a hairdresser/cosmetician in the State of Connecticut is hereby reprimanded.
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, and shall be payable at the time respondent submits the executed Consent Order to the Department.
5. Respondent's license to practice as a hairdresser/cosmetician in the State of Connecticut shall, immediately upon issuance, be placed on probation for two years under the following terms and conditions:
  - a) During the period of probation, respondent shall report to the Department any subsequent arrest(s). Such report shall occur within fifteen (15) days of such event.
  - b) Respondent shall provide her employer and/or designated supervisor at each place where respondent practices as a hairdresser/cosmetician throughout the probationary period with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at

a new facility. Respondent agrees to provide reports from such employer on a quarterly basis for the entire probationary period, stating that respondent is practicing with reasonable skill and safety. If respondent is not practicing with reasonable skill and safety, the employer or designated supervisor shall immediately notify the Department.

- c) Respondent shall participate in regularly scheduled therapy at her own expense with a licensed psychiatrist or psychologist/social worker/marriage and family therapist pre-approved by the Department (hereinafter "therapist").
- i) Respondent shall provide a copy of this Consent Order to her therapist.
  - ii) Respondent's therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
  - iii) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.
  - iv) The therapist shall submit reports quarterly for the duration of probation, which shall address, but not necessarily be limited to, respondent's ability to practice hairdressing/cosmetology safely and competently. Said reports

shall continue until the therapist determines that therapy is no longer necessary or the period of probation has terminated.

- v) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates his or her services.
  - d) Respondent shall provide a copy of this Consent Order to her parole officer. Said parole officer shall furnish written confirmation of his receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order. Said parole officer shall notify the Department immediately if respondent falls out of compliance with the terms of parole or any subsequent arrest(s).
  - e) Respondent shall notify the Department within fifteen (15) days of her release from parole.
  - f) Respondent shall provide a copy of this Consent Order to her probation officer. Said probation officer shall furnish written confirmation of his/her receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order. Said probation officer shall notify the Department immediately if respondent falls out of compliance with the terms of probation or any subsequent arrest(s).
6. Respondent shall comply with all state and federal statutes and regulations applicable to her license.
7. Respondent shall notify the Department of any change(s) of her employment within fifteen (15) days of such change.

8. Respondent shall notify the Department of any changes in her home and/or business address within fifteen (15) days of such change.
9. 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 hairdresser/cosmetician 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 rescision 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.
10. That correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:  

Richard Goldman, Special Investigator  
Department of Public Health  
Division of Health Systems Regulation  
410 Capitol Avenue, MS #12HSR  
Box 340308  
Hartford, Connecticut 06134-0308
11. 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.
12. Respondent 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 & Cosmeticians in which (1) her compliance

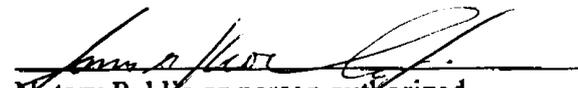
with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-263 of the Connecticut General Statutes, as amended, is at issue.

13. 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.
14. 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.
15. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
16. Respondent understands this Prelicensure Consent Order is a matter of public record.
17. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

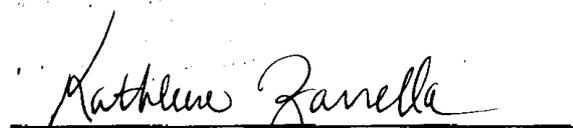
I, Marian Guthrie-Fanning have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

  
Marian Guthrie-Fanning, M.D.

Subscribed and sworn to before me this 11<sup>th</sup> day of November 1999.

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

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 22<sup>nd</sup> day of November \_\_\_\_\_ 1999, it is hereby ordered and accepted.

  
Kathleen Zarrella, Director  
Division of Health Systems Regulation

jlk



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

September 10, 2003

Marian Guthrie-Fanning, H/C  
16 Harmon Street  
Hamden, CT 06517-1818

Re: Prelicensure Consent Order  
Petition No.990330-000-027  
License No. 050063



Dear Ms. Guthrie:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective November 29, 2001.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Prelicensure Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Very truly yours,

A handwritten signature in cursive script that reads "Olive Tronchin".

Olive Tronchin  
Division of Health Systems Regulation

cc: J. Filippone



Phone: (860) 509-7400  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12HSR  
P.O. Box 340308 Hartford, CT 06134  
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