STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS

In re: Tannya Pinnock, H.C. Petition No. 2004-0210-020-002

REINSTATEMENT CONSENT ORDER

WHEREAS, Tannya Pinnock (hereinafter "respondent") of Hartford, Connecticut has been issued license number 051303 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 hereby agrees that:

1. On October 24, 2001 the Department issued respondent license number 051303 to practice hairdressing and cosmetology under the General Statutes of Connecticut, Chapter 387. Said license lapsed due to non-renewal on January 31, 2002.
2. From February 2002 through January 2004, respondent engaged in the practice of hairdressing and cosmetology without a valid license.
3. 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 20-252 of the General Statutes of Connecticut, 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 she satisfies the requirements for reinstatement of her license, as set forth in §§ 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 hall pay a civil penalty of two hundred dollars ($200.00) 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. Immediately upon issuance, respondent's license shall be reprimanded.

5. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

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

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

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

9. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.

10. 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 §20-252 of the General Statutes of Connecticut, as amended, is at issue.

11. 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.

12. 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.

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

14. Respondent has the right to consult with an attorney prior to signing this document.

15. This Reinstatement Consent Order is a matter of public record.

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I, Tannya Pinnock, 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.

Tannya Pinnock

Subscribed and sworn to before me this 20th day of August 2004.

LINDA L. LYNCH
NOTARY PUBLIC
MY COMMISSION EXPIRES MAR. 31, 2005

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

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 27th day of August, 2004, it hereby ordered and accepted.

Jennifer L. Filippone, Public Health Services Manager
Bureau of Healthcare Systems

JCN/ch
Pinnock/reinstatement
reinstatement co

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED

September 1, 2004

Tannya Pinnock
100 Benton Street, Apt. #106
Hartford, CT 06114

Dear Ms. Pinnock:

This is to advise you that you have completed all requirements for Connecticut hairdresser/cosmetician licensure. License number 051303 has been issued effective August 27, 2004.

Enclosed is a copy of the fully executed Reinstatement Consent Order in accordance with which your license is being granted. The Reinstatement Consent Order takes effect immediately.

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 every two years 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/or 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, Public Health Services Manager
Donna Brewer, Director, Public Health Hearing Office
Stanley Peck, Director, Legal Office

SBC/dl
Petition Number: 2004-0210-020-002

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