

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

In re: Joseph Martinetto, H/C

Petition No. 2006-1206-020-034

REINSTATEMENT CONSENT ORDER

WHEREAS, Joseph Martinetto, of Milford, Connecticut (hereinafter "respondent") has been issued license number 053028 to practice as a hairdresser and cosmetologist 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 November 30, 2004, 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. He failed to renew his license and practiced as a hairdresser/cosmetologist from November 30, 2004, to the present time, without a license
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. He waives his right to a hearing on the merits of this matter.

2. Respondent's license to practice hairdresser/cosmetologist shall be reinstated when he satisfies the requirements for reinstatement of his 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 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. Immediately upon issuance, respondent's license shall be reprimanded.
5. All correspondence and reports are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308
6. 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.
7. Respondent shall comply with all federal and state statutes and regulations applicable to his license.
8. Respondent shall notify the Department of any change(s) in his employment within fifteen (15) days of such change.
9. Respondent shall notify the Department of any change in his home and/or business address within fifteen (15) days of such change.

10. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Investigations of the Healthcare Systems Branch of the Department.
11. 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) his compliance with this Reinstatement Consent Order is at issue, or (2) his compliance with §20-263 of the General Statutes of Connecticut, as amended, is at issue.
12. This Reinstatement Consent Order and the terms set forth in it 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 he may have under the laws of the State of Connecticut or of the United States.
13. 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.
14. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
15. Respondent has the right to consult with an attorney prior to signing this document.
16. This Reinstatement Consent Order is a matter of public record.

**

I, Joseph Martinetto, 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.



Joseph Martinetto, Hairdresser and Cosmetologist

Subscribed and sworn to before me this 23rd day of MARCH 2007



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

My Commission Exp. 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 10th day of April 7 2007, it hereby ordered and accepted.



Jennifer L. Filippone
Section Chief
Office of Practitioner Licensing and Investigations
Healthcare Systems Branch

MEMORANDUM

CIVIL PENALTY

TO: Office of Practitioner Licensing and Certification
Remittance Section

FROM: Legal Office

CASE: Name Joseph Martinetto HC

Address 170 Walnut Street
Milford, Ct 06460

PETITION #: 2006-1206-020-034

This is to inform you that this office has received the civil penalty in the amount of
\$ 100, pursuant to the CONSENT ORDER or ~~MEMORANDUM OF DECISION~~
in the above referenced matter.

Bank of America  **Cashier's Check** No. 0439535

Notice to Purchaser: In the event this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Banking Center **WESTPORT** **0021109 00007 000439535** **30-1/1140**
Date **MARCH 30, 2007** **NTX**

Remitter (Purchased By) \$ ****100.00****

Pay ****ONE HUNDRED DOLLARS AND 00 CENTS****

To ****TREASURER STATE OF CONNECTICUT****
Order ********

Of Markert Edwards
Authorized Signature

Bank of America, N.A.
San Antonio, Texas

VOID AFTER 90 DAYS

⑈0439535⑈ ⑆114000019⑆ 001641005545⑈

06-2005
07-14-3774B

ANTI-FITTING PHOTOGRAPHIC COPY PROTECTION SYSTEM