

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE SYSTEMS BRANCH**

In re: Robert Howell, P.A.

Petition No. 2010-5030

**CONSENT ORDER**

WHEREAS, Robert Howell of Milford, Connecticut (hereinafter "respondent") has been issued license number 000409 to practice as a physician assistant by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. Between approximately January 1, 2009 and April 22, 2010, respondent practiced as a physician assistant without maintaining certification by the National Commission on Certification of Physician Assistants (NCCPA) and continued to utilize the designation of "PA-C" on medical records during this time frame. On December 5, 2009, respondent submitted a licensure renewal card to the Department verifying that he "satisfy[ied] the requirements" for licensure, including maintenance of his NCCPA certification.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-12f.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-12f of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-12f of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent's license number 000409 to practice as a physician assistant in the State of Connecticut is hereby reprimanded.
3. Respondent shall cease and desist any practice as a physician assistant until such time as he provides written documentation to the Department that he has successfully regained active NCCPA certification. Respondent agrees that he shall not seek the renewal of his license as a physician assistant upon its expiration unless he possesses and provides written documentation to the Department that he has successfully regained active NCCPA certification.
4. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.
5. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department.
6. This Consent Order is effective on the date this Consent Order is accepted and ordered by the Board.
7. Respondent agrees that this Consent Order shall be deemed a public document, and the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Board in which his compliance with this Consent Order or with §20-12f of the General Statutes of Connecticut, as amended, is at issue.  
Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank.
8. This 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 Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that he may have under the laws of the State of Connecticut or of the United States.

9. This 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. Respondent permits a representative of the Legal Office of the Healthcare Systems Branch to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted.
11. Respondent has the right to consult with an attorney prior to signing this document.
12. 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. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
13. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Robert Howell, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Robert Howell PA

Robert Howell, P.A.

Subscribed and sworn to before me this 11<sup>th</sup> day of October 2010.

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

**James Connor**  
**Notary Public**  
**My Commission Expires Aug. 31, 2014**

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 18<sup>th</sup> day of October 2010, it is hereby accepted.

Jennifer Filippone  
Jennifer Filippone, Section Chief  
Practitioner Licensing and Investigations  
Healthcare Systems Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Medical Examining Board on the 21 day of December 2010, it is hereby ordered and accepted.

Araceli Dorence  
Connecticut Medical Examining Board