

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

Re: Joseph Bartoszek, Jr., P.A.
License No.: 001170

Petition No. 2012-349

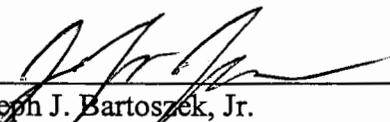
VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Joseph Bartoszek, Jr.,, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice as a physician assistant. I presently hold license number 001170.
4. I hereby voluntarily surrender my license to practice as a physician assistant in the State of Connecticut.
5. While admitting no guilt or wrongdoing, I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2012-349 shall be deemed true. I further understand that any such application must be made to the Department which shall have absolute discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Number 2012-349 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this surrender of my license is an event that is reportable to the National Practitioner Data Bank and is public information.
9. Within ten days of the Department's execution of this document, I agree to surrender my Connecticut Controlled Substance Registration to the issuing authorities.
10. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2012-349.

11. I understand that I have the right to consult with an attorney prior to signing this affidavit.
12. I understand that 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.
13. I understand that the purpose of this agreement is to resolve the pending matter against my license and is not intended to affect any claim of civil liability that might be brought against me.
14. If applicable, I agree to comply with the provision of Section 19a-14-44 Regulations Connecticut State Agencies.

State of Massachusetts
County of Worcester

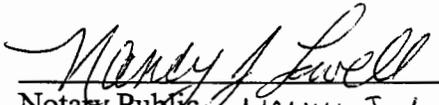


Joseph J. Bartoszek, Jr.

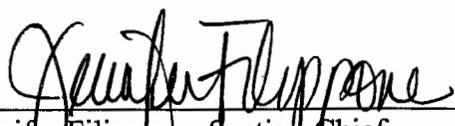
Subscribed and sworn to before me this 17th day of April 2012.



NANCY J. LOWELL
Notary Public
Commonwealth of Massachusetts
My Commission Expires
May 12, 2017



Notary Public, Nancy J. Lowell
Commissioner of Superior Court
My Commission Expires: May 12, 2017

Accepted: 

Jennifer Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Quality and Safety Branch

April 27, 2012
Date 