

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

Re: Kimberly Meyer, P.A.  
License No.: 001812

Petition No. 2008-1010-023-007

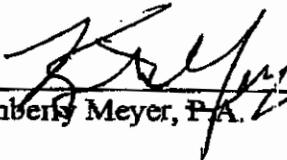
**VOLUNTARY AGREEMENT NOT TO REINSTATE LICENSE**

Kimberly Meyer, being duly sworn, deposes and says:

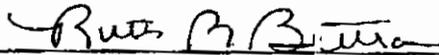
1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice as a physician assistant. I held license number 001812 until August 31, 2008, when I did not renew it.
4. I hereby voluntarily agree not to renew or reinstate my license to practice as a physician assistant in the State of Connecticut. I reserve the right to apply for reinstatement of my license in the future, subject to the conditions stated in paragraph 5 and 6 of this agreement.
5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegation contained in Petition Number 2008-1010-023-007 that I am presently medically unable, for conditions unrelated to substance abuse or any allegation of substance abuse, to practice as a physician assistant shall be deemed true. I further understand that any such application must be made to the Connecticut Medical Examining Board (hereinafter, "Board") and the Department, and that the Board shall be a signatory to any order reinstating my license or granting me a new license.
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 2008-1010-023-007 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 agreement not to renew or reinstate my license is an event that is reportable to the National Practitioner Data Bank, and is public information.
9. I understand that, upon execution of this document by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in

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.

- 12. 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.

  
 \_\_\_\_\_  
 Kimberly Meyer, P.A.

Subscribed and sworn to before me this 13 day of July 2009.

  
 \_\_\_\_\_  
 Notary Public  
 Commissioner of Superior Court *My Commission Expires*  
 June 30, 2013

Accepted:  7/14/09  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_