STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS

In re: Alphonse G. Vacco Petition No. 2003-1202-025-005

REINSTATEMENT CONSENT ORDER

WHEREAS, Alphonse G.Vacco of West Haven (hereinafter "respondent") has been issued license number 001961 to practice as a Barber by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 386 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on April 30, 1998, 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 Barber from April 30, 1998 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 20-238 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 as a Barber 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 thousand six hundred dollars ($1,600) 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. There is no criminal action pending nor is there any knowledge of a criminal action being filed.
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 Certification of the Bureau of Healthcare Systems 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 §20-238 of the General Statutes of Connecticut, as amended, is at issue.

12. 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 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, Alphonse G. Vacco, 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.

Alphonse G. Vacco, Barber

Subscribed and sworn to before me this 22 day of March 2004.

Elizabeth A. Thomas
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 31st day of March ____2004, it hereby ordered and accepted.

~~Marianne Horn, Director~~ Jennifer Filippone
~~Division of Health Systems Regulation~~ Office of Practitioner Licensing and Certification
Bureau of Healthcare Systems

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED

April 6, 2004

Alphonse G. Vacco Jr.
99 Winterhill Road
Madison, CT 06443

Dear Mr. Vacco:

This is to advise you that you have completed all requirements for Connecticut barber licensure. License number 001961 has been issued effective March 31, 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 each year 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: 2003-1202-025-005

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