

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE**

In re: Michael J. DiPietro Petition No.: 960617-25-001

REINSTATEMENT CONSENT ORDER

WHEREAS, Michael J. DiPietro of Bridgeport, Connecticut (hereinafter "respondent") has been issued license number #002362 to practice as a barber by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 387 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent's license expired on June 30, 1994, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. That from June 30, 1994 through the present, he operated a barber shop and practiced as a barber without the benefit of a current Connecticut license;
2. That the conduct described in paragraph 1 above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6), §§20-238(a) and (b) and 20-239.

NOW THEREFORE, pursuant to §19a-17 and §§20-238(a) of the Connecticut General Statutes, as amended, respondent hereby stipulates and agrees as follows:

1. That he waives his right to a hearing on the merits of this matter.

2. That his license to practice as a master barber shall be reinstated when he satisfies the requirements for reinstatement of his license, as set forth in Chapter 386 of the Connecticut General Statutes, and this Reinstatement Consent Order is executed by all parties.
3. That he shall pay a civil penalty of one hundred (\$100.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." Said civil penalty shall be payable at the time respondent submits the executed Reinstatement Consent Order to the Department.
4. That respondent shall comply with all federal and state statutes and regulations applicable to his license.
5. That he understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Board.
6. That this Reinstatement 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, that said 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.
7. That 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.
8. That this Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
9. That he has the right to consult with an attorney prior to signing this document.
10. That this Reinstatement Consent Order is a matter of public record.

I, Michael J. DiPietro, 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.

Michael DiPietro
Michael J. DiPietro

Subscribed and sworn to before me this 7th day of August 1996.

MY COMMISSION EXPIRES JUN 30, 1999.

Carol K...
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 26th day of August 1996, it hereby ordered and accepted.

Warr W... for SVP
Stanley K. Peck, Director
Division of Medical Quality Assurance



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

BUREAU OF REGULATORY SERVICES

August 30, 1996

Michael DiPietro
23 Rowsley Street
Bridgeport, CT 06605

Dear Mr. DiPietro:

On behalf of the Department of Public Health, I want to congratulate you upon the successful completion of all requirements for reinstatement of licensure as a barber in the State of Connecticut.

Connecticut license number 002362 has been reassigned to you, effective the date of this letter. You are eligible to begin the practice of barbering as of this date.

I have also enclosed a copy of the fully executed Consent Order in accordance with which your license is being granted. The Consent Order is effective as of your date of licensure noted above.

You will receive your license in about eight (8) weeks, at the address shown above. Full instructions regarding future renewal will also be enclosed.

It is your responsibility to notify the Department of Public Health, Licensure and Registration Section, in writing of any future changes of name and/or address, either within or outside Connecticut. Such notification to the Department of Public Health is required by law, and failure to provide same will jeopardize the status of your license.

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 satisfy current licensing requirements. In order to avoid such a process, be sure that you renew your license in a timely manner each year in the month of your birth.

Respectfully,

Debra L. Johnson, Health Program Associate
Applications and Examinations

cc: Donna Buntaine Brewer, Chief, Legal Office
Debra Tomassone, Chief, Licensure and Registration ✓

DLJ:MCJ



Phone:

Telephone Device for the Deaf (860) 509-7191

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