

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. P048-002-863

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Dorothy White, M.B.

Petition No. 940607-25-006

CONSENT ORDER

WHEREAS, Dorothy White, of Hartford, Connecticut (hereinafter "respondent") was issued a license in October 1971 to practice the occupation of master barber by the State Department of Health, predecessor of the Department of Public Health and Addiction Services (hereinafter "the Department"); and,

WHEREAS, respondent's license expired in April 1980, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 386 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. That on two occasions between 1991 and 1994, she practiced the occupation of master barber without a currently valid license;
2. That the conduct described in paragraph 1 above fails to conform to the accepted standards of the occupation of master barber in violation of the General Statutes of Connecticut §20-238.

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. That she waives her right to a hearing on the merits of this matter.
2. That upon satisfaction of the requirements for licensure as a master barber as set forth in chapter 386 of the General Statutes of Connecticut, her license to practice as a master barber will be reinstated.
3. That she shall pay a civil penalty of one hundred (\$100.00) dollars by certified or cashier's check payable to "Treasurer, State of Connecticut." Said civil penalty shall be payable as follows:
 - a. Twenty-five (\$25.00) dollars shall be submitted with this executed Consent Order;
 - b. Seventy-five (\$75.00) dollars shall be submitted within sixty (60) days of the effective date of this Consent Order.
4. That respondent shall comply with all federal and state statutes and regulations applicable to her license.
5. That respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
6. That she shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
7. That any deviation from the term(s) of this Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Consent Order shall result in the right of the Department to immediately deem respondent's master barber license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Respondent waives any right

to a hearing on the issue of violation of the terms of this Consent Order.

- ✓ 8. That all checks required by the terms of this Consent Order are to be addressed to:

✓
Lynne Hurley, Investigator
Department of Public Health and Addiction Services
150 Washington Street
Hartford, CT 06106

9. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Medical Quality Assurance of the Department.
10. That she understands that this 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) her compliance with the Consent Order is at issue or (2) her compliance with §20-238 of the General Statutes of Connecticut, as amended, is at issue.
11. That 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, that said Consent Order is not subject to appeal or review under the laws of the State of Connecticut or of the United States
12. That 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.

13. That this Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
14. That she has the right to consult with an attorney prior to signing this Consent Order.
15. That this Consent Order is a matter of public record.

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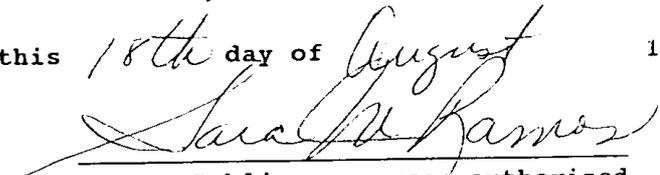
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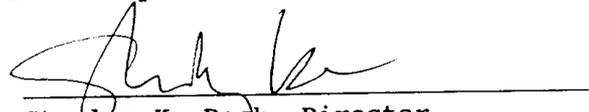
I, Dorothy White, have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.


Dorothy White

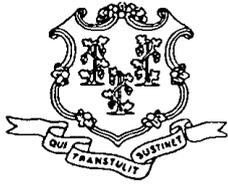
Subscribed and sworn to before me this 18th day of August 1994.


Notary Public or person authorized
by law to administer an oath or
affirmation **SARA M. RAMOS**
NOTARY PUBLIC
MY COMMISSION EXPIRES MARCH 31, 1995

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health and Addiction Services on the 22nd day of August 1994, it hereby ordered and accepted.


Stanley K. Peck, Director
Division of Medical Quality Assurance

RAS:dm
9744Q/87-91
6/94



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION

*Rec'd
9-24-94*

August 23, 1994

Dorothy White
380 Edgewood Street
Hartford, CT 06112

Dear Ms. White:

This is to notify you that you have satisfied the initial term of the consent order entered into with the Department of Public Health And Addiction Services on August 22, 1994, pursuant to which your license as a barber would be reinstated. A copy of the fully executed consent order is enclosed.

Please be advised that effective August 26, 1994, your license to practice will be reinstated; you will receive a licensure reinstatement letter in the near future.

I point out that, pursuant to Section 3.b. of the consent order, you must pay the balance of the civil penalty no later than October 21, 1994. Should you fail to meet this obligation, your license will be deemed rescinded.

I trust this is helpful to you.

Respectfully,

Joseph J. Gillen, Ph.D.
Section Chief
Applications, Examinations & Licensure

cc: Roberta Swafford
John Boccaccio
Lynn Hurley



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES

BUREAU OF HEALTH SYSTEM REGULATION

July 3, 1995

Dorothy White
c/o Robinson
15 Pershing Street
Hartford, Connecticut 06112

Re: Consent Order
Petition No. 940607-25-006
License No. 003743



Dear Ms. White:

On March 29, 1995 you were notified by this Department that you are out of compliance with the above-referenced Consent Order in that you had not yet paid the balance of your civil penalty, which was due October 21, 1994.

In response to that first warning, you called me on April 12 and informed me that you would make payment no later than April 19.

As payment was never received, the Department sent you a second notice on May 3 advising you that if payment was not received by May 15 your case would be referred to our legal section for further action against your license. Payment was never made.

On June 15 this Department sent you a third notice warning you that if payment was not received by June 30, 1995, your license would be rescinded.

Payment has not been received. Therefore, pursuant to paragraph 7 of the above-referenced Consent Order, your License No. 003743 to practice the occupation of master barber is hereby rescinded. Please send all three copies of your license to my attention at the following address:

Department of Public Health and Addiction Services
Public Health Hearing Office
150 Washington Street
Hartford, Connecticut 06106

Please call me at 566-1011 if you have any questions relating to this matter.

Very truly yours,

Handwritten signature of Bonnie Pinkerton in cursive.

Bonnie Pinkerton, Nurse Consultant
Public Health Hearing Office

BEP/1119Q/18

Phone: TDD: 203-566-1279
150 Washington Street — Hartford, CT 06106
An Equal Opportunity Employer