

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In re: Catherine LeVander, a.k.a.
Catherine LeVander Dalton, R.C.P.

Petition No. 960820-026-003

REINSTATEMENT CONSENT ORDER

WHEREAS, Catherine LeVander, a.k.a. Catherine LeVander Dalton of Milford, Connecticut (hereinafter "respondent") has been issued license number 000932 to practice as a respiratory care practitioner by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 381a of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent's license expired on July 31, 1995, 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 July 31, 1995 until the present, she practiced respiratory care at Greenwich Hospital during which time her license had lapsed.
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).

NOW THEREFORE, pursuant to §§19a-17 and 20-162p of the Connecticut General Statutes, 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 her license to practice respiratory care shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in Chapter 381a of the Connecticut General Statutes, and this Reinstatement Consent Order is executed by all parties.
3. That she shall pay a civil penalty of seventy five dollars (\$75) 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 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 respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
7. 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 Bureau of Regulatory Services of the Department.
8. That she understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Department

of Public Health in which (1) her compliance with this Reinstatement Consent Order is at issue, or (2) her compliance with §20-162p of the Connecticut General Statutes as amended, is at issue.

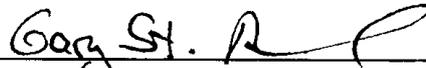
9. That this Reinstatement Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
10. 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.
11. That this Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
12. That she has the right to consult with an attorney prior to signing this document.
13. That this Reinstatement Consent Order is a matter of public record.

I, Catherine LeVander a.k.a. Catherine LeVander Dalton, 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.



Catherine LeVander a.k.a.
Catherine LeVander Dalton, R.C.P.

Subscribed and sworn to before me this 27th day of August 1996.



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 29th day of August _____ 1996, it hereby ordered and accepted.



Stanley K. Peck, Director
Division of Medical Quality Assurance



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

BUREAU OF REGULATORY SERVICES

September 6, 1996

Catherine Dalton
39 Utica Street
Milford, CT 06460

Dear Ms. Dalton:

Lic No. 000932

Your application for reinstatement of your respiratory care practitioner license has been reviewed.

Your licensure reinstatement has been approved, under the terms of the Department Regulations 19a-14-1 to 19a-14-5. Your license will be issued following routine processing by the Department of Public Health.

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

Your original license number has been reassigned to you, effective the date of this letter.

Renewal of your respiratory care practitioner license is required, by law, annually during the month of your birth. If your license is not renewed within ninety (90) days of the due date, it will become automatically void. This means that failure reinstatement will require re-application to the Connecticut Department of Public Health and Addiction Services.

State law requires you to notify this office within thirty (30) days of ANY change of name and/or address failure to do so could jeopardize the status of your license. Should you have any questions regarding renewal, please contact the Licensure & Registration section at (860)509-7592.

Respectfully,

Debra L. Johnson
Health Program Associate
Applications and Examinations

cc: Paul Bobruff, Staff Attorney, Legal Office
Debra Tomassone, Chief, Licensure and Registration ✓

DLJ:MCJ



Phone:

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # _____

P.O. Box 340308 Hartford, CT 06134

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