

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES

In re: John E. Rich

Petition No. 960510-026-001

REINSTATEMENT CONSENT ORDER

WHEREAS, John E. Rich of Stratford, Connecticut (hereinafter "respondent") has been issued license number 001148 to practice as a respiratory care practitioner by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 381a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on October 31, 1995, 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, the Department alleges as follows:

1. Respondent falsified his respiratory care practitioner's license by altering the "current through" date from "10-31-95" to "10-31-96."
2. Respondent practiced respiratory care at Bridgeport Hospital without a valid license from October 31, 1995 to April 10, 1996.
3. 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.

WHEREAS, respondent, in consideration of this Reinstatement Consent Order, has chosen not to contest the above allegations of wrongdoing. Respondent admits the allegations contained in paragraphs 2 and 3, and denies the allegation contained in paragraph 1. Respondent further agrees that for purposes of this or any future proceedings before the Department, this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-162p of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14(a)(6) of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

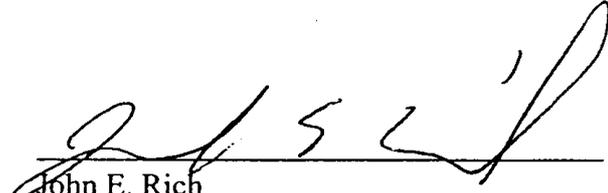
1. He waives his right to a hearing on the merits of this matter.
2. Respondent's license to practice respiratory care shall be reinstated when he satisfies the requirements for reinstatement of his license, as set forth in Chapter 19a-14-1 through 19a-14-5 of the Public Health Code of the State of Connecticut, and this Reinstatement Consent Order is executed by all parties.
3. Respondent shall pay a civil penalty of five hundred dollars (\$500) 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. Respondent shall comply with all federal and state statutes and regulations applicable to his license.

6. Respondent agrees that all of the Department's allegations as contained in this Reinstatement Consent Order shall be deemed true in any subsequent proceeding before the Department in which his compliance with §20-162p of the General Statutes of Connecticut, as amended, is at issue.
7. 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.
8. 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.
9. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
10. Respondent has the right to consult with an attorney prior to signing this document.
11. This Reinstatement Consent Order is a matter of public record.

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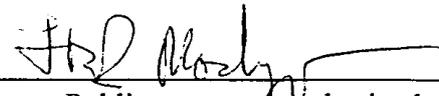
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I, John E. Rich, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.



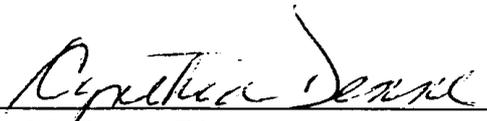
John E. Rich

Subscribed and sworn to before me this 10 day of March, 1997.



Notary Public or person authorized
by law to administer an oath or
affirmation Frank Madugno
my commission expires: 11/30/99

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 18th day of March, 1997, is hereby ordered and accepted.



Cynthia Denne, Director
Division of Health Systems Regulation

sm
S: Rich/legal/reinst
2/97



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED

P 049 595 922

March 27, 1997

John E. Rich
68 Willow Avenue
Stratford, CT 06497

Dear Mr. Rich:

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

Connecticut license number 001148 has been reissued to you, effective the date of this letter. You are eligible to begin the practice of respiratory care as of this date.

Also, enclosed is a copy of the fully executed Consent Order in accordance with which your license is being reinstated. The Consent Order is effective as of the 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, 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.



Phone: (860) 509-7562
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS #12 APP
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March 27, 1997
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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 that you renew your license in timely manner each year in the month of your birth.

If you have any questions, please do not hesitate to contact this office at (860) 509-7562.

Sincerely,



Debra L. Johnson
Health Program Supervisor
Applications and Examinations

cc: Debra Tomassone, HSS,L&R
Kay Zarrella, SNC
Stanley Peck, Director, Legal Office

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