

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH**

In re: Ingrid A. Rojas, M.F.T.

Petition No. 2007-0516-000-023

PRELICENSURE CONSENT ORDER

WHEREAS, Ingrid A. Rojas of Fairfield, Connecticut (hereinafter "respondent") has applied for licensure to practice as a marriage and family therapist by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 383a of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

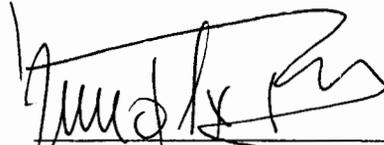
1. From about April 2004 through about November 2004, respondent engaged in the practice of marriage and family therapy without a license.
2. On June 7, 2006, respondent entered into a Cease and Desist Consent Order agreeing not to practice marriage and family therapy without first obtaining a license.
3. The Department has at no time issued respondent a license to practice the occupation of marriage and family therapy under the General Statutes of Connecticut, Chapter 383a.
4. From June 2006 until the present, respondent has continued to practice as a marriage and family therapist without a valid Connecticut license and in violation of the above referenced Cease and Desist Consent Order.
5. The conduct described above constitutes grounds for the denial of respondent's application for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, while admitting no guilt or wrongdoing, respondent hereby stipulates and agrees to the following:

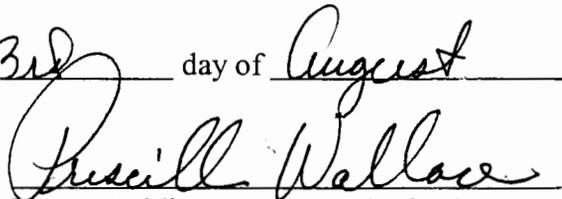
1. Respondent waives the right to a hearing on the merits of her application for licensure.
2. After satisfying the requirements for licensure as a marriage and family therapist as set forth in Chapter 383a of the General Statutes of Connecticut, respondent's license to practice as a marriage and family therapist will be issued.
3. Respondent shall pay a civil penalty of five hundred dollars (\$500.00) 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, and shall be payable at the time respondent submits the executed Consent Order to the Department.
4. Respondent's license to practice as a marriage and family therapist in the State of Connecticut shall, immediately upon issuance, be reprimanded.
5. Respondent shall comply with all state and federal statutes and regulations applicable to her license.
6. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
7. Respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.
8. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Investigations of the Healthcare Systems Branch of the Department.

9. Respondent understands that the Department's allegations contained in this Prelicensure Consent Order shall be deemed true in any subsequent proceeding before the Connecticut Department of Public Health in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-195d of the Connecticut General Statutes, as amended. is at issue.
10. This Prelicensure 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, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, 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.
11. This Prelicensure 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.
12. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
13. Respondent understands this Prelicensure Consent Order is a matter of public record.
14. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.
15. 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.

I, Ingrid A. Rojas read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.


Ingrid A. Rojas, M. F. T.

Subscribed and sworn to before me this 3rd day of August 2007.


Notary Public or person authorized
by law to administer an oath or
affirmation

PRISCILLA WALLACE
NOTARY PUBLIC
My Commission Expires July 31, 2010

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 16th day of August 2007, it is hereby ordered and accepted.


Jennifer L. Filippone
Section Chief
Office of Practitioner Licensing and Investigations
Healthcare Systems Branch

s/skp/cases/plco-rojas