

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

In re: David Hoff, MT

Petition No. 2009-0312-029-001

REINSTATEMENT CONSENT ORDER

WHEREAS, David Hoff (hereinafter "respondent") of West Hartford, Connecticut has been issued license number 000479 to practice as a massage therapist by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 384a of the General Statutes of Connecticut, as amended.

WHEREAS, respondent's license expired on October 31, 2006, 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.

WHEREAS, respondent hereby admits as follows:

1. On February 1, 1994 the Department issued respondent license number 000479 to practice as a massage therapist under the General Statutes of Connecticut, Chapter 384a. Said license lapsed due to non-renewal on October 31, 2006.
2. From approximately October 31, 2006 through present, he engaged in the practice of massage therapy without a Connecticut license.
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.

NOW THEREFORE, pursuant to §§19a-17 and 20-206b 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 as a massage therapist shall be reinstated when he satisfies the requirements for reinstatement of his license, as set forth in §§ 19a-14-1 through 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies and this Reinstatement Consent Order is executed by all parties.
3. Respondent shall pay a civil penalty of eight hundred dollars (\$800.00) 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. 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. 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. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
6. Respondent shall comply with all federal and state statutes and regulations applicable to his license.
7. Respondent shall notify the Department of any change(s) in his employment within fifteen (15) days of such change.
8. Respondent shall notify the Department of any change in his home and/or business address within fifteen (15) days of such change.
9. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department.
10. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding at the Department in which (1) his compliance with this Reinstatement Consent Order is at issue, or (2) his compliance with §20-206b of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order, except for a civil penalty, shall be reported to the National Practitioner Data Bank.

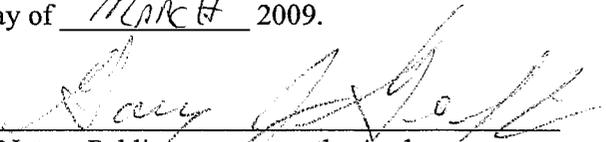
11. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the 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.
12. 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.
13. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
14. Respondent has the right to consult with an attorney prior to signing this document.
15. This Reinstatement Consent Order is a public record.
16. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Reinstatement Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, David Hoff, 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.



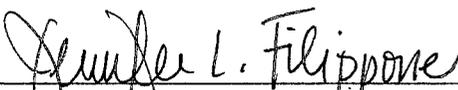
David Hoff

Subscribed and sworn to before me this 20 day of March 2009.



Notary Public or person authorized
by law to administer an oath or
affirmation *my Commission Expires: 03-31-2012*

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 20th day of March 2009, it hereby ordered and accepted.



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