

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

Re: Calvin Moffie, Nursing Home Administrator
Petition No. 2006-0208-036-006
License No.: 000738

VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE LICENSE

Calvin Moffie, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice as a nursing home administrator. I presently hold license number 000738. My license is subject to a reinstatement consent order which requires me to have completed certain educational requirements. As I was not working as a nursing home administrator, and had no intention to engage in such work, I did not take the courses.
4. I hereby voluntarily agree not to renew or reinstate my license to practice as a nursing home administrator in the State of Connecticut.
5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, any such application must be made to the Department, which shall have absolute discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Number 2006-0208-036-006 are public documents.
8. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2006-0208-036-006.
9. I have consulted with an attorney prior to signing this affidavit.

10. I understand that the purpose of this agreement is to resolve this petition and to effectuate my desire to retire from nursing home administration. It is not intended to affect any claim of civil liability that might be brought against me by any person. I understand also that 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.

Calvin Moffie
Calvin Moffie

Subscribed and sworn to before me this 20th day of April 2006.

[Signature]
Notary Public
Commissioner of Superior Court

Accepted: Jennifer Filippone
Jennifer Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Systems Branch

4-27-06
Date