

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

Re: Deborah Schmidt, N.H.A.
License No.: 001480

Petition No. 2009-20091347

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Deborah Schmidt, 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 001480.
4. I hereby voluntarily surrender my license to practice as a nursing home administrator in the State of Connecticut.
5. While admitting no guilt or wrongdoing, I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2009-20091347 shall not be contested. I further understand that 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 2009-20091347 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition. The reason for this affidavit and agreement is to resolve any and all differences that may now exist between the respondent and the Department, and to avoid any unnecessary expenditures of time and expense to the parties.
8. I understand that this surrender of my license is reportable to the National Practitioner Data Bank and is public information.

- 9. 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. 2009-20091347.
- 10. I have consulted with an attorney prior to signing this affidavit.
- 11. I understand 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.


Deborah Schmidt, N.H.A.

Subscribed and sworn to before me this 12th day of March 2012.


Notary Public My Commission Expires: 8/31/15
~~Commissioner of Superior Court~~

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

3/22/12
Date