STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES

In re: Brigitte St. Michel Petition Number 96-IIII-049-001

PRELICENSURE CONSENT ORDER

WHEREAS, Brigitte St. Michel of North Haven, Connecticut (hereinafter "respondent") has applied for licensure to practice as an occupational therapy assistant to the Department of Public Health (hereinafter "the Department") pursuant to Chapter 376a of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice as an occupational therapy assistant under Connecticut General Statute Chapter 376a.

2. In March 1990, respondent was convicted of Criminal Trespass 3rd and Carrying a Dangerous Weapon which constitutes a felony under the laws of this state.

3. Respondent has a history of a psychiatric condition.

4. The foregoing may constitute grounds for denial of her application for licensure pursuant to Connecticut General Statutes Section 19a-14.

NOW THEREFORE, pursuant to Section 19a-14 of the Connecticut General Statutes, respondent hereby stipulates and agrees to the following:

1. That she waives any right to a hearing on the merits of her application for licensure.
2. That after satisfying the requirements for licensure as an occupational therapy assistant as set forth in Chapter 376a of the Connecticut General Statutes, respondent's license to practice as an occupational therapy assistant will be issued.
3. That her license to practice as an occupational therapy assistant in the State of Connecticut shall immediately upon issuance be placed on probation for eighteen (18) months under the following terms and conditions:
   a) Respondent shall provide a copy of this Prelicensure Consent Order to her employer. If respondent has more than one employer during the probation period, respondent shall provide a copy of said document to each such employer.
   b) Respondent's employer(s) shall provide written confirmation to the Department of receipt of such document within fifteen (15) days of commencement of respondent's employment.

c) Respondent shall be responsible for the provision of written reports which shall be submitted directly to the Department from her employer every other month for the first six (6) months of the probationary period and quarterly thereafter. Such reports shall state whether the respondent is practicing as an occupational therapy assistant with reasonable skill and safety.

d) Within sixty (60) days of the effective date of this Prelicensure Consent Order, respondent shall, at her own expense, complete a psychiatric evaluation, including but not limited to psychological testing, by a psychiatrist or psychologist licensed in Connecticut and approved by the Department (hereinafter "the evaluator"). The evaluator shall provide the Department with results of the psychiatric evaluation which shall contain a clear diagnosis and prognosis, and which shall conclude that respondent can safely and competently practice as an occupational therapy assistant. Respondent further agrees to comply with all recommendations for treatment made by the evaluator. If the evaluator recommends that respondent engage in therapy, she shall do so with a licensed psychologist or psychiatrist approved by the Department (hereinafter "therapist"). The therapist shall file reports, every other month for the first six (6) months of the probationary period and quarterly thereafter, with the person identified in paragraph 7 below stating that respondent can safely and competently practice as an occupational therapy assistant. Said reports shall continue until the therapist determines that therapy is no longer necessary or the

period of probation has expired. The therapist shall immediately notify the Department in writing if respondent fails to comply with any of the recommendations for treatment.

e) Within thirty (30) days of the effective date of this consent order the respondent will have the prescribing practitioner responsible for her medication regime, review all drugs she is currently taking. The practitioner shall send said medication regime to the Department, including a specific schedule for laboratory analysis of therapeutic drug values. The practitioner shall submit said reports to the individual identified in number 7. The respondent shall have her prescribing practitioner review her drug regime at least once every three (3) months and submit documentation of said review and laboratory values to the Department for the first twelve (12) months of this consent order. The practitioner will specify in his/her reports to the Department, the respondent's compliance with her drug regime.

f) Respondent shall refrain from the ingestion, inhalation, injection or other use of any controlled substance, legend drug and/or alcohol unless she is under the direct medical care of a licensed physician; in the event a medical condition arises requiring the treatment utilizing controlled substances or legend drugs, respondent shall notify the Department and upon request, provide written documentation of the treatment by the treater, as is deemed necessary by the Department.

i) During the first year of the period of probation, respondent shall submit to one random observed urine screen for alcohol and for controlled substances and legend drugs each month. Said screens shall be administered by a facility approved by the Department.

ii) The respondent shall have the facility provide monthly reports to the Department on the urine screens for alcohol, controlled substances and legend drugs. All such screens shall be negative for alcohol, controlled substances and legend drugs, except for medications prescribed by respondent's physician. If respondent has a positive urine screen, the facility shall immediately notify the Department. All positive random drug screens shall be confirmed by gas chromatograph/mass spectrometer testing.

iii) Respondent is hereby advised that the ingestion of poppy seeds has from time to time, been raised as a defense to positive screen result for morphine and/or opiates. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances during the term of this Consent Order. In the event respondent has a positive screen for morphine and/or opiates, respondent agrees that the ingestion of poppy seeds shall not constitute a defense to such a screen.

iv) Respondent shall notify each of her physicians of all medications prescribed for her by any and all other health care professionals.

4. That in the event respondent is unemployed during the probationary period for periods of thirty (30) consecutive days or longer, or is employed less than twenty (20) hours per week, respondent shall notify the Department in writing. Such period(s) shall not be counted in reducing the period covered by this Prelicensure Consent Order.

5. That respondent shall comply with all state and federal statutes and regulations applicable to her license.

6. That all monthly reports are due on the tenth business day of each month; all bimonthly reports required are due on the tenth business day of every other month; all quarterly reports are due on the tenth business day of every third month. All reports are due to commence with the report due April 1997.

7. That correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
410 Capitol Avenue MS#12LEG
PO Box 340308
Hartford, Connecticut 06134-0308

8. That any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department to immediately deem respondent's occupational therapy assistant's license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future

extensions of time or grace periods. Notice of the recession of the licensure shall be sent by the Department to the respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.

9. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.

10. Respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.

11. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Department.

12. The respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before a hearing officer appointed by the Commissioner of the Department of Public Health in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with Section 20-74g of the Connecticut General Statutes, as amended, is at issue.

13. That 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 Connecticut General Statutes, provided that this stipulation shall not deprive her of any other rights that she may have under the laws of the State of Connecticut or of the United States.

14. That 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.

15. That this Prelicensure Consent Order is effective when accepted and approved by the duly appointed agent of the Department.

16. That she understands this Prelicensure Consent Order is a matter of public record.

17. That she understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

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I, Brigitte St. Michel, have 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.

Brigitte St. Michel

Brigitte St. Michel

Subscribed and sworn to before me this 27th day of February, 1997.

Helen M. Raucci

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

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 3rd day of March, 1997 it is hereby ordered and accepted.

Cynthia Denne

Cynthia Denne, Director
Division of Health Systems Regulation

Certified Mail Return Receipt Requested No. P505281300

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

September 21, 1998

Brigitte St. Michel
74 Fallon Drive
North Haven, CT 06473-1812

RE: Occupational Therapy Assistant - License No. 000512
Hairdresser/Cosmetician - License No. 041192

Dear Ms. St. Michel:

Please be advised that you have successfully fulfilled the terms of probation of your occupational therapy assistant and hairdresser/cosmetician licenses. The probationary status of your licenses will be removed effective the date of this letter.

Should you have any questions concerning this matter, please contact me at 860-509-7623.

Very truly yours,

Jeffrey A. Kardys
Special Investigator
Health Systems Regulation

JAK:
PROBEND.DOC

cc: Debra Tomassone, PHSM, Department of Public Health
Bonnie Pinkerton, Nurse Consultant, Health Systems Regulation
Gerald Flamm, MD
David Brown, MS, PT

Phone 860-509-7400 FAX 860-509-7650
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12 HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED
Z 015 243 560

March 7, 1997

Brigitte St. Michel
74 Fallon Drive
North Haven, CT 06473

Dear Ms. St. Michel:

On behalf of the Department of Public Health, I want to congratulate you upon the successful completion of all requirements for licensure as an occupational therapy asssistant in the State of Connecticut.

Connecticut license number 000512 has been issued to you, effective the date of this letter. You are eligible to begin the practice of occupational therapy assistant as of this date.

Also, enclosed is a copy of the fully executed Consent Order in accordance with which your license is being issued. 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) 509-7561
Telephone Device for the Deaf (860) 509-7191
*410 Capitol Avenue - MS #*12 APP
P.O. Box 340308 Hartford, CT 06134
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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) 509-7561.

Sincerely,

Debra L. Johnson

Debra L. Johnson
Health Program Supervisor
Applications and Examinations

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

Petition Number: 96IIII-049-001