

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In re: Laurie A. Wasel

Petition No. 97III-049-004

PRELICENSURE CONSENT ORDER

WHEREAS, Laurie A. Wasel of Southington, Connecticut (hereinafter "respondent") has applied for licensure to practice as an occupational therapy assistant by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 376a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice the occupation of occupational therapy assistant under the General Statutes of Connecticut, Chapter 376a.
2. That from the Summer of 1992 until January, 1996 and from May, 1996 to January, 1997, she practiced as an occupational therapy assistant during which time she was not licensed.
3. 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(a)(6) of the General Statutes of Connecticut, 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 an occupational therapy assistant as set forth in Chapter 376a of the General Statutes of Connecticut, respondent's license to practice as an occupational therapy assistant will be issued.
3. Respondent shall pay a civil penalty of one thousand dollars (\$1,000.00) 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. Respondent shall comply with all state and federal statutes and regulations applicable to her license.
5. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
6. Respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.
7. 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 in its discretion to immediately deem respondent's occupational therapy assistant 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 rescission of the license shall be sent by the Department to 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.

8. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
9. 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 §20-74g 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.

I, Laurie A. Wasel 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.

Laurie A. Wasel
Laurie A. Wasel

Subscribed and sworn to before me this 11th day of MARCH 1997.

James E. Palmer
Notary Public or person authorized
by law to administer an oath or
affirmation

JAMES E. PALMER
NOTARY PUBLIC
MY COMMISSION EXPIRES AUG. 31, 2000

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 17th day of March _____ 1997, it is hereby ordered and accepted.

Cynthia Denne
Cynthia Denne, Director
Division of Health Systems Regulation



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED

P 049 595 916

March 21, 1997

Laurie A. Wasel
84 Laurel Street
Southington, CT 06489

Dear Ms. Wasel:

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 assistant in the State of Connecticut.

Connecticut license number 000513 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
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March 21, 1997

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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
Health Program Supervisor
Applications and Examinations

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

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