

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

In re: Marc Iannucci, OTA

Petition No. 2002-0422-049-001

PRELICENSURE CONSENT ORDER

WHEREAS, Marc Iannucci of Meriden, Connecticut (hereinafter "respondent") has applied for licensure to practice as a 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. On January 30, 2000, respondent was involved in a bar fight in which he stabbed two people. On December 7, 2000, he was found guilty in the New Haven Superior Court of two counts of Assault in the 2nd degree in violation of C.G.S. §53a-60. He was placed on probation for a period of four years with conditions including psychotherapy to work on the issue of anger management.
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 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 his 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's license to practice as an occupational therapy assistant in the State of Connecticut shall, immediately upon issuance, be placed on probation for two (2) years under the following terms and conditions:
 - a. Respondent shall participate in regularly scheduled therapy at his own expense with a licensed or certified therapist pre-approved by the Department (hereinafter "therapist").
 - (1) Respondent shall provide a copy of this Consent Order to his therapist.
 - (2) Respondent's therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.
 - (4) The therapist shall submit reports monthly for the first year of probation and quarterly for the final year of probation. All such reports shall address, but not necessarily be limited to, respondent's ability to practice as an occupational therapy assistant in an alcohol and substance free state and to practice safely and competently. Said reports shall continue until the therapist

determines that therapy is no longer necessary or the period of probation has terminated.

- (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates his or her services.
- e. Respondent shall provide his employer at any place where respondent practices as an occupational therapy assistant throughout the probationary period with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at a new facility. Respondent agrees to provide reports from such employer monthly for the first year of probation and quarterly for the final year of probation. All employers reports shall state that respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state.
4. Respondent shall comply with all state and federal statutes and regulations applicable to his license.
5. Respondent shall notify the Department of any change(s) in his employment within fifteen (15) days of such change.
6. Respondent shall notify the Department of any change(s) in his 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. 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
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, Connecticut 06134-0308

9. 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.
10. Respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Commissioner of the Connecticut Department of Public Health in which (1) his compliance with this Prelicensure Consent Order is at issue, or (2) his compliance with §20-74g of the Connecticut General Statutes, as amended, is at issue.
11. 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 he may have under the laws of the State of Connecticut or of the United States.

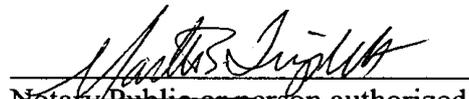
12. This Preliminary Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
13. This Preliminary Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
14. Respondent understands this Preliminary Consent Order is a matter of public record.
15. Respondent understands he has the right to consult with an attorney prior to signing this Preliminary Consent Order.

I, Marc Iannucci, 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.



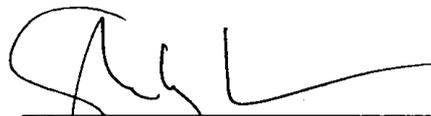
Marc Iannucci

Subscribed and sworn to before me this 18 day of December 2002


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

Commissioner of
the
Superior Court

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 23rd day of December 2002, it is hereby ordered and accepted.


Stanley K Peck, Director, Legal Office
Division of Health Systems Regulation

RAS/Iannucci/legal/PLCO/6/03/02



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

March 22, 2005

Marc Iannucci, OTA
130 Bradley Ave, Apt. 100
Meriden, CT 06451

Re: Prelicensure Consent Order
Petition No. 2002-0422-049-001
License No. 000878

Dear Mr. Iannucci:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective March 11, 2005.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Prelicensure Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Respectfully,

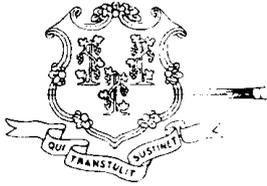
A handwritten signature in cursive script that reads "Olive Tronchin".

Olive Tronchin, HPA
Division of Health Systems Regulation

cc: J. Fillippone



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



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED
7099 3400 0018 2731 0839

January 9, 2003

Marc V. Iannucci
130 Bradley Avenue, Apt. 305
Meriden, CT 06450

Dear Mr. Iannucci:

This is to advise you that you have completed all requirements for Connecticut occupational therapy assistant licensure. License number 000878 has been issued effective January 9, 2002.

Your license is being granted in accordance with the terms of the Prelicensure Consent Order dated December 23, 2003. The Prelicensure Consent Order takes effect immediately.

You will receive your license in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will be enclosed. 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 to renew your license in a timely manner each year in the month of your birth.

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.

If you have any questions, please do not hesitate to contact this office at 860-509-7590.

Sincerely,

Stephen B. Carragher
Health Program Supervisor
Office of Practitioner Licensing and Certification

cc: ✓ Jennifer Filippone, Public Health Services Manager
Stanley Peck, Director, Legal Office
Donna Brewer, Director, Public Health Hearing Office
Bonnie Pinkerton, Supervising Nurse Consultant

SBC/jc
Petition Number: 2002-0422-049-001



Phone:
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # _____
P.O. Box 340308 Hartford, CT 06134

Affirmative Action / Equal Employment Opportunity Employer