

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

Re: Joseph Ubaghs, L.C.S.W.  
License No.: 001042

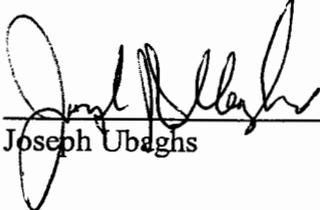
Petition No. 2010-5051

**VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE LICENSE**

Joseph Ubaghs, 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 licensed clinical social work. I presently hold license number 001042, which will expire on February 29, 2012.
4. As I have not practiced licensed clinical social work since June 2011, have retired from and have no intention to return to practice as a licensed clinical social worker, I hereby voluntarily agree not to renew or reinstate my license to practice licensed clinical social work 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 2010-5051 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 2010-5051 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this agreement not to renew or reinstate 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. 2010-5051.

- 10. I understand that I have the right to consult 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.
- 12. I understand that the purpose of this agreement is to resolve the pending matter against my license and is not intended to affect any claim of civil liability that might be brought against me.
- 13. If applicable, I agree to comply with the provision of Section 19a-14-44 Regulations Connecticut State Agencies.

  
 \_\_\_\_\_  
 Joseph Ubaghs

Subscribed and sworn to before me this 3 day of Jan 2012.

  
 \_\_\_\_\_  
 Notary Public  
 Commissioner of Superior Court

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

1/26/12  
~~1-3-12~~  
 \_\_\_\_\_  
 Date

s:llf/Ubaghs

**DEBBIE CONETTA**  
**NOTARY PUBLIC**  
 My Commission Expires April 30, 2013