STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

Re: Alan Kelly, LCSW
License No.: 001247

Petition No. 2006-0720-058-008

VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE LICENSE

Alan Kelly, 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 licensed clinical social worker. I presently hold license number 001247.

4. I hereby voluntarily agree not to renew or reinstate my license to practice as a licensed clinical social worker in the State of Connecticut and to refrain from any practice as a licensed clinical social worker.

5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the Department may require me to demonstrate my ability to practice as a licensed clinical social worker safely and competently. 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 2006-0720-058-008 are public documents, with the exception of any personal, medical or health records or other documents which may contain information protected under federal and state law, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition and, in doing so, admit to no wrongdoing.

8. I understand that this agreement not to renew or reinstate my license is a reportable event 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. 2006-0720-058-008.

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.

Alan R. Kelly
Alan Kelly

Subscribed and sworn to before me this 3rd day of July 2007.

~~Notary Public~~
Commissioner of Superior Court

Accepted: Wendy H. Furniss
Wendy H. Furniss,
~~Jennifer Filippone, Section~~ Chief
~~Practitioner Licensing and Investigations~~
Healthcare Systems Branch

7-17-07
Date