

FROM : DEBRA M. BOND, PH.D.

FAX NO. : 2034951255

Jul. 27 2009 11:44PM P2

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE SYSTEMS BRANCH**

Re: April Reiss, L.C.S.W.  
License No.: 001915

Petition No. 2008-1222-058-013

**VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT**

April Reiss, 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 001915.
4. I hereby voluntarily surrender my license to practice as a licensed clinical social worker in the State of Connecticut.
5. 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 2008-1222-058-013 shall be deemed true. 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 2008-1222-058-013 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 surrender of my license is an event that is reportable to the National Practitioner Data Bank, I understand that this surrender of 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. 2008-1222-058-013.

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- 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.

April Reiss  
 April Reiss, L.C.S.W.

Subscribed and sworn to before me this 24th day of July 2009.

[Signature]  
 Notary Public  
 Commissioner of Superior Court

Accepted: Wendy H. Furniss 7/28/09  
 Wendy H. Furniss  
 Jennifer Filippone, Section Chief  
 Practitioner Licensing and Investigations  
 Healthcare Systems Branch

7/29/2009  
 Date  
 My Commission Expires  
 Aug. 31, 2013

s/peck/08cases/vs-Reiss