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

Re: Leonard Kupec, L.C.S.W.
License No.: 002543

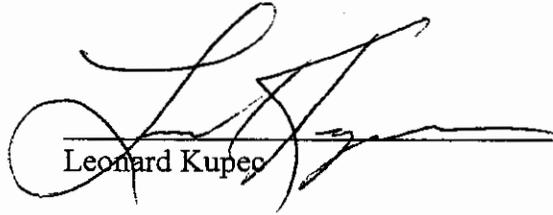
Petition No. 2010-5058

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Leonard Kupec, 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 002543, which expired on February 28, 2011.
4. As I have not worked as a licensed clinical social worker since June 2010, have no intention to return to practice as a licensed clinical social worker, and am presently engaged in another profession, I hereby voluntarily surrender 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 2010-5058 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. While I have agreed not to contest the allegations in the petition as part of any application to renew or reinstate, the Department agrees to consider and evaluate information which I may submit with such application relating to my present qualifications.
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 2010-5058 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that voluntary surrender of my license is disciplinary action that 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. 2010-5058.
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 execution of this document relates only to the Department's Petition Number 2010-5058 and is not intended to resolve any other claim, dispute or controversy involving any other parties, persons or administrative entities.
13. If applicable, I agree to comply with the provision of Section 19a-14-44 Regulations Connecticut State Agencies.


Leonard Kupec

Subscribed and sworn to before me this 11th day of May
2011.


~~Notary Public~~
Commissioner of Superior Court

Accepted: 
Jennifer Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Systems Branch

5/20/11
Date