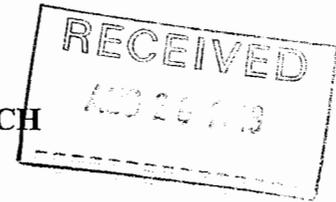


**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**



Re: Elizabeth Morton, LCSW
License Number: 002973

Petition Numbers: 2013-379

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

I, Elizabeth Morton, being duly sworn, depose and say:

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 was issued license number 002973 by the Department of Public Health (hereinafter "the Department") to practice as a Social Worker on September 13, 1993.
4. I hereby voluntarily agree not to renew 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 2013-379 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 licenses shall be issued or reinstated and, if so, whether said licenses shall be subject to conditions.
6. I hereby waive any right to a hearing I may have regarding any request that my licenses be reinstated or that new licenses 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 files in Petition Numbers 2013-379 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petitions.
8. I understand that this agreement not to renew or reinstate my license is an event that is reportable to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank maintained by the United States Department of Health and Human Services
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 Numbers 2013-379.
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 matters against my licenses 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 of Connecticut State Agencies.

Elizabeth Morton
Elizabeth Morton, LCSW

Subscribed and sworn to before me this 13th day of August 2013.

Sherry Hardeng
Notary Public
Commissioner of Superior Court
My Commission Expires April 30, 2015

Accepted: Kathleen Boulware 8-26-2013
~~Jennifer Filippone, Section Chief~~ Kathleen Boulware Date
 Practitioner Licensing and Investigations Public Health
 Healthcare Quality & Safety Branch Survey Manager