

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES

In re: Beth R. Herbst

Petition No. 2002-0708-058-007

REINSTATEMENT CONSENT ORDER

WHEREAS, Beth R. Herbst of Stamford, Connecticut (hereinafter "respondent") has been issued license number 003138 to practice clinical social work by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 383b of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on June 30, 2001 and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. That from July 1, 2001 until present, respondent practiced clinical social work during which time respondent's license had lapsed.
2. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-195p of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. Respondent waives the right to a hearing on the merits of this matter.

2. Respondent's license number 003138 to practice as a licensed clinical social worker in the State of Connecticut is hereby reprimanded.
3. Respondent's license to practice clinical social work shall be reinstated when respondent satisfies the requirements for reinstatement of respondent's license, as set forth in Sections 19a-14-1 through 19a-14-5 inclusive, of the Public Health Code of the State of Connecticut and this Reinstatement Consent Order is executed by all parties.
4. Respondent shall pay a civil penalty of two hundred dollars (\$200.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check. Said civil penalty shall be payable at the time respondent submits this executed Reinstatement Consent Order to the Department.
5. Respondent shall comply with all federal and state statutes and regulations applicable to respondent's license.
6. Respondent shall notify the Department of any change in respondent's home and/or business address within fifteen (15) days of such change.
7. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Department's Division of Health Systems Regulation.
8. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Department of Public Health in which (1) respondent's compliance with this Reinstatement Consent Order is at issue, or (2) respondent's compliance with §20-195p of the Connecticut General Statutes, as amended, is at issue.
9. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further,

this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or of the United States.

10. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
11. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
12. Respondent has the right to consult with an attorney prior to signing this document.
13. This Reinstatement Consent Order is a matter of public record.

*

*

*

*

I, Beth R. Herbst, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

Beth R. Herbst

Beth R. Herbst

Subscribed and sworn to before me this 19 day of July 2002.

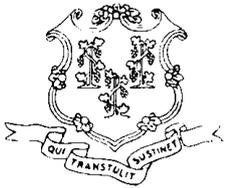
Sheila G. Vento

Notary Public or person authorized
by law to administer an oath or
affirmation

SHEILA G. VENTO
NOTARY PUBLIC
MY COMMISSION EXPIRES MAR. 31, 2007

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 29th day of July 2002, is hereby ordered and accepted.

Wendy H. Furness, RHC, M.S.
Public Health Services Manager



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED

7099 3400 0018 2731 0204

July 29, 2002

Beth R. Herbst
5 Westwood Court
Stamford, CT 06902

Dear Ms. Herbst:

This is to advise you that you have completed all requirements for reinstatement of your license to practice as a licensed clinical social worker in Connecticut. License number 003138 has been reissued effective the date of this letter.

Enclosed is a copy of the fully executed Reinstatement Consent Order in accordance with which your license is being reinstated.

You will receive your license in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will be enclosed. Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure to renew your license in a timely manner each year in the month of your birth.

It is your responsibility to notify the Department of Public Health, in writing, of any future changes of name and address. Such notification to the Department is required by law and failure to provide same will jeopardize the status of your license.

If you have any questions, please do not hesitate to contact this office at 860-509-7590.

Sincerely,

Stephen B. Carragher
Health Program Supervisor
Division of Health Systems Regulation

cc: Jennifer Filippone, Public Health Services Manager
Stanley Peck, Director, Legal Office
Donna Brewer, Director, Public Health Hearing Office

SBC/sk

Petition Number: 2002-0708-058-007



Phone:

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # _____

P.O. Box 340308 Hartford, CT 06134

Affirmative Action / Equal Employment Opportunity Employer