

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF REGULATORY SERVICES**

In re: Loretta Wrobel

Petition No. 98III-058-024

4399

**PRELICENSURE CONSENT ORDER**

WHEREAS, Loretta Wrobel of Ashford, Connecticut (hereinafter "respondent") has applied for licensure to practice as a licensed clinical social worker by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 383b of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has not issued respondent a license to practice the occupation of clinical social work under the General Statutes of Connecticut, Chapter 383b.
2. Respondent submitted a licensure application to the Department on June 30, 1998. Such application revealed that from October 1, 1995, until present, respondent practiced clinical social work without the benefit of holding a valid Connecticut license.
3. The conduct described above constitutes grounds for the denial of respondent's application for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives the right to a hearing on the merits of her application for licensure.

2. After satisfying the requirements for licensure as a licensed clinical social worker as set forth in Chapter 383b of the General Statutes of Connecticut, respondent's license to practice as a licensed clinical social worker will be issued.
3. Respondent shall pay a civil penalty of nine hundred dollars (\$900.00) 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, and shall be payable at the time respondent submits the executed Consent Order to the Department.
4. Respondent shall comply with all state and federal statutes and regulations applicable to her license.
5. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
6. Respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.
7. Any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's clinical social work license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the rescission of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.

8. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
9. Respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before a hearing officer appointed by the Commission of the Department of Public Health in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-195p of the Connecticut General Statutes, as amended, is at issue.
10. This Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
11. This Prelicensure 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.
12. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
13. Respondent understands this Prelicensure Consent Order is a matter of public record.
14. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

I, Loretta Wrobel have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

Loretta Wrobel  
Loretta Wrobel

Subscribed and sworn to before me this 5<sup>th</sup> day of October 1998.

Dianne S. Doyle  
Notary Public or person authorized  
by law to administer an oath or  
affirmation **DIANNE S. DOYLE**  
**NOTARY PUBLIC**  
My Commission Expires Dec. 31, 1999

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 6<sup>th</sup> day of October \_\_\_\_\_ 1998, it is hereby ordered and accepted.

Cynthia Denne  
Cynthia Denne, Director  
Division of Health Systems Regulation



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED  
P 505 284 043

November 20, 1998

Loretta Wrobel  
297 Pumpkin Hill Road  
Ashford, CT 06278

Dear Ms. Wrobel:

On behalf of the Department of Public Health, I want to congratulate you upon the successful completion of all requirements for licensure as a clinical social worker in the State of Connecticut.

Connecticut license number 004399 has been issued to you, effective the date of this letter. You are eligible to begin the practice of clinical social work as of this date.

Also, enclosed is a copy of the fully executed Consent Order in accordance with which your license is being issued. The Consent Order is effective as of the date of licensure noted above.

You will receive your license in about eight (8) weeks, at the address shown above. Full instructions regarding future renewal will also be enclosed.

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



Phone: (860) 509-7567  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12 APP  
P.O. Box 340308 Hartford, CT 06134  
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November 20, 1998  
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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 that you renew your license in a timely manner each year in the month of your birth.

If you have any questions, please do not hesitate to contact this office at (860) 509-7567.

Sincerely,



Debra L. Johnson  
Health Program Supervisor  
Division of Health Systems Regulation

cc: Debra Tomassone, PHSM  
Kay Zarrella, PHSM  
Stanley Peck, Director, Legal Office

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