



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

April 16, 2009

Susann Fekete
349 Lindy St.
Orange, CT 06477

Dear Mr. Spiotta

This is to advise you that you have completed all requirements for Connecticut physical therapist assistant licensure. License number 000487 has been issued effective the date of this letter.

Enclosed is a copy of the fully executed Prelicensure Consent Order in accordance with which your license is being granted. The Prelicensure Consent Order takes effect immediately.

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 every two years 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/or 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
Practitioner Licensing and Investigations

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

SBC/fm

Phone:



Telephone Device for the Deaf: (860) 509-7191
410 Capitol Avenue - MS # _____
P.O. Box 340308 Hartford, CT 06134

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

In re: Susann Fekete, P.T.A.

Petition No. 2009-0305-063-001

PRELICENSURE CONSENT ORDER

WHEREAS, Susann Fekete of Orange, Connecticut (hereinafter “respondent”) has applied for licensure to practice as a Physical Therapist Assistant by the Department of Public Health (hereinafter “the Department”) pursuant to Chapter 376 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent admits that:

1. The Department has at no time issued respondent a license to practice the occupation of Physical Therapist Assistant under the General Statutes of Connecticut, Chapter 376.
2. Respondent worked as an unlicensed Physical Therapist Assistant from November 1, 2006 through the present.
3. The conduct described above constitutes grounds for 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, as amended, respondent hereby stipulates and agrees to the following:

1. Respondent waives her right to a hearing on the merits of her application for licensure.
2. After satisfying the requirements for licensure as a Physical Therapist Assistant as set forth in Chapter 376 of the General Statutes of Connecticut, respondent’s license to practice as a Physical Therapist Assistant will be issued.

3. Respondent's license to practice as a Physical Therapist Assistant in the State of Connecticut shall immediately upon issuance, be reprimanded.
4. Respondent shall pay a civil penalty of five hundred dollars (\$500.00) 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 Prelicensure Consent Order to the Department.
5. 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.
6. This Prelicensure Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.
7. Respondent shall comply with all federal and state statutes and regulations applicable to her license.
8. Respondent shall notify the Department of any changes in her employment within fifteen (15) days of such change.
9. Respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
10. 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 Physical Therapist Assistant 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.

11. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations of the Healthcare Systems Branch of the Department.
12. Respondent understands this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut State Board of Examiners for Physical Therapist in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-73 of the Connecticut General Statutes, as amended, is at issue.
13. Respondent understand that any return to the practice of Physical Therapist Assistant without pre-approval from the Department shall constitute a violation of this Prelicensure Consent Order and may subject the respondent to further disciplinary action.
14. This Prelicensure 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 Prelicensure 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 she may have under the laws of the State of Connecticut or of the United States.

15. 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.
16. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
17. This Prelicensure Consent Order is a matter of public record.
18. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

I, Susann Fekete, 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.

Susann Fekete, P.T.A.
Susann Fekete, P.T.A.

Subscribed and sworn to before me this 16th day of April, 2009.

Shylka P. K.
Notary Public or person authorized
by law to administer an oath or
affirmation

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 16th day of April, 2009, is hereby ordered and accepted.

Kathleen W. Bowhore
~~Jennifer L. Filippone, Section Chief~~ Kathleen W. Bowhore, P.H.
Practitioner Licensing and Investigations Public Health Services
Healthcare Systems Branch manager

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