

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

Re: John C. Scheerer  
License No.: 002361

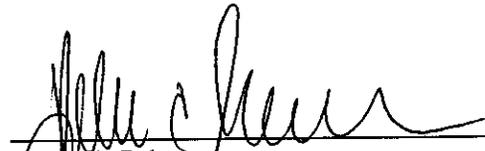
Petition No. 2010-27

**VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE LICENSE**

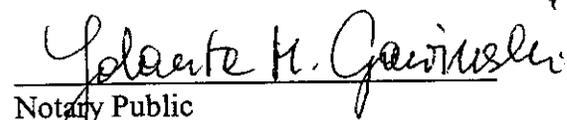
John C. Scheerer, being duly sworn, deposes and says:

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 have been licensed by the Department of Public Health (hereinafter "the Department") to practice as a lead abatement supervisor. I presently hold license and/or certificate number 002361, which expired on or about February 28, 2013 and has not been renewed as of the date of this affidavit.
4. I hereby voluntarily agree not to renew or reinstate my license to practice as a lead abatement supervisor in the State of Connecticut.
5. I understand and agree that if I seek a new license and/or certificate or to reinstate my license and/or certificate at any time in the future, the allegations contained in Petition Number 2010-27 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 license shall be issued or reinstated and, if so, whether said license and/or certificate shall be subject to conditions.
6. I hereby waive any right to a hearing I may have regarding any request that my license and/or certificate be reinstated or that a new license and/or certificate 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 2010-27 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this agreement not to renew or reinstate my license 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 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. 2010-27.
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 matter against my license and/or certificate 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 Connecticut State Agencies.

  
 \_\_\_\_\_  
 John C. Scheerer

Subscribed and sworn to before me this 15<sup>th</sup> day of March 2013.

  
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 Notary Public  
~~Commissioner of Superior Court~~  
 My Commission Expires 3/31/2016

Accepted:   
 \_\_\_\_\_  
 Suzanne Blancaflor, M.S., M.P.H., Section Chief  
 Environmental Health Section  
 Regulatory Services Branch

3/20/13  
 \_\_\_\_\_  
 Date