

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OPERATIONS BRANCH**

Re: David Chapell, E.M.S.- I.  
Certification No.: 001088

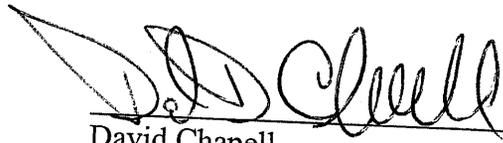
Petition No. 2004-0908-073-001

VOLUNTARY SURRENDER

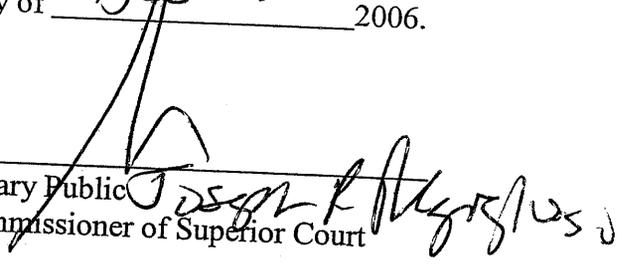
David Chapell, being duly sworn, deposes and says:

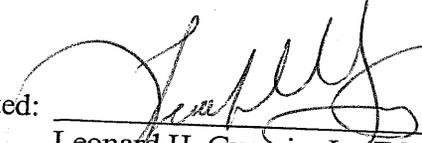
1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am certified by the Department of Public Health (hereinafter "the Department") to practice as an emergency medical services - instructor. I presently hold certification number 001088.
4. I hereby voluntarily surrender my certification to practice as an emergency medical services - instructor in the State of Connecticut.
5. I understand and agree that if I seek a new certification or to reinstate my certification at any time in the future, the allegations contained in Petition Number 2004-0908-073-001 shall be deemed true by the Department. I further understand that any such application must be made to the Department which shall have absolute discretion, as to whether said certification shall be issued or reinstated and, if so, whether said certification shall be subject to conditions.
6. I hereby waive any right to a hearing I may have regarding any request that my certification be reinstated or that a new certification 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 2004-0908-073-001 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 surrender of my certification is a reportable event 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. 2004-0908-073-001.

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 certification 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 of the Connecticut State Regulations.

  
\_\_\_\_\_  
David Chapell

Subscribed and sworn to before me this 5 day of December 2006.

  
\_\_\_\_\_  
Notary Public  
Commissioner of Superior Court

Accepted:   
\_\_\_\_\_  
Leonard H. Guercia, Jr., E.M.T.-P.  
Branch Chief  
Operations Branch

12/14/06  
\_\_\_\_\_  
Date