

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

Re: Beatrice Arzt, R.N., R.R.N.
License Nos.: E³8041, 001274

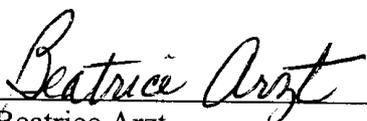
Petition Nos. 2000-0511-010-024
2003-0917-010-001

AGREEMENT NOT TO RENEW OR REINSTATE LICENSES

Beatrice Arzt, being duly sworn, deposes and says:

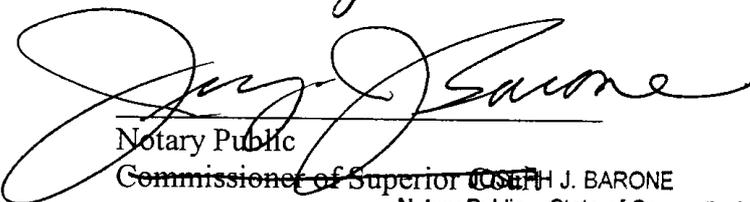
1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice as a registered nurse and retired registered nurse. My license number E38041 (registered nurse) expired on August 31, 2002 and is no longer active. My license number 001274 (retired registered nurse) expired on August 31, 2003 and is no longer active.
4. I hereby voluntarily agree not to renew or reinstate my licenses to practice registered nursing in the State of Connecticut.
5. While admitting no guilt or wrongdoing, I understand and agree that if I seek new license(s) or to reinstate my nursing license(s) at any time in the future, the allegations contained in Petition Numbers 2000-0511-010-023 and 2003-0917-010-001 shall not be contested. I further understand that any such application must be made to the Department which shall have absolute discretion, after seeking the advice of the Connecticut Board of Examiners for Nursing (hereinafter "the Board"), as to whether said license(s) shall be issued or reinstated and, if so, whether said license(s) shall be subject to conditions. No reinstatement shall become effective until the Department seeks the advice of the Board.
6. I hereby waive any right to a hearing I may have regarding any request that my nursing license(s) be reinstated or that new license(s) be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request(s).
7. I understand and agree that this affidavit and the case file in Petition Numbers 2000-0511-010-023 and 2003-0917-010-001 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petitions.
8. I understand that this agreement not to renew or reinstate my nursing licenses is a reportable event and is public information.

9. I understand that, upon execution of this document by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in Petition Nos. 2000-0511-010-023 and 2003-0917-010-001. I understand that this document is not effective unless and until the Department has executed it, and the Board either grants the Department's Motion to Withdraw or the charges are dismissed. The Department's acceptance of this document does not constitute a waiver of any right the Department may possess to present respondent's conduct in any other forum, including before the Connecticut Medical Examining Board for the alleged unlicensed practice of medicine.
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.



 Beatrice Arzt

Subscribed and sworn to before me this 24th day of May, 2005.



 Notary Public
 Commissioner of Superior Court J. BARONE
 Notary Public - State of Connecticut
 My Commission Expires Feb. 28, 2006

Accepted: Marianne Horn
 Marianne Horn, Director
 Division of Health Systems Regulation
 Bureau of Healthcare Systems

Date June 7, 2005