

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

Re: Julian Offsay, M.D.
License No.: 016678

Petition No. 2010-5555

VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE

Julian Offsay, 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 physician and surgeon. I presently hold license number 016678.**
- 4. I hereby voluntarily agree not to renew or reinstate my license to practice medicine in the State of Connecticut upon the expiration of my license on August 31, 2011.**
- 5. While admitting no guilt or wrongdoing, I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2010-5555 shall not be contested with respect to any such application for a new or reinstated license. 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 shall be subject to conditions.**
- 6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license 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 2010-5555 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 an event that is reportable to the National Practitioner Data Bank, will appear on my physician profile pursuant to Connecticut General Statutes 20-13j, and is public information**
- 9. Within ten days of the expiration of my license, I agree to surrender my state and federal Controlled Substance Registrations to the issuing authorities.**

10. 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. 2010-5555.
11. I understand that I have the right to consult with an attorney prior to signing this affidavit.
12. 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.
13. I understand that the purpose of this agreement is solely to resolve the pending matter against my license and is not intended to affect any claim of civil liability that might be brought against me.
14. If applicable, I agree to comply with the provision of Section 19a-14-44 Regulations Connecticut State Agencies.


Julian Offsay, M.D.
Julian Offsay, M.D.

Subscribed and sworn to before me this 13th day of August, 2011.

[Signature]
Notary Public
Commissioner of Superior Court

Accepted: Jennifer Filippone
Jennifer Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Systems Branch

8/16/11
8-13-11
Date

 DENNIS MANZIK
Notary Public, State of Connecticut
My Commission Expires Dec. 31, 2014