

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

Re: Wendol A. Williams, MD  
License No. : 1.042573

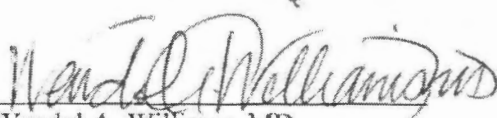
Petition No.: 2017-1114

VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE LICENSE

Wendol A. Williams, 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 1.042573, which will lapse on November 30, 2017.
4. I hereby voluntarily agree not to renew or reinstate my license to practice as a physician and surgeon in the State of Connecticut pursuant to Section 19a-17(d) of the General Statutes.
5. I understand and agree that if I seek a new license or to reinstate his license at any time in the future, the allegations contained in Petition No. 2017-1114 shall not be contested. I further understand that any such application must be made to the Department which shall have discretion as to whether said license shall be reinstated and, if so, whether said license shall be subject to conditions as provided pursuant to Section 19a-14(a)(6) of the General Statutes.
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 No. 2017-1114 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 and the Healthcare Integrity and Protection Data Bank maintained by the United States Department of Health and Human Services.

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. 2017-1114.
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 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 of Connecticut State Agencies.

  
 Wendol A. Williams, MD

Subscribed and sworn to before me this 6<sup>th</sup> day of October 2017.

  
 Notary Public  
 Commissioner of Superior Court

  
**SHANEL K. BANKS**  
 Notary Public, State of Connecticut  
 My Commission Expires February 28, 2019

Accepted: Kathleen Bullocke RDPHSLU 10/18/2017  
~~Christian D. Anderson, Section Chief~~ Patricia North Sarces Date  
 Practitioner Licensing and Investigations manager  
 Healthcare Quality & Safety Branch