

## AGENDA

### CONNECTICUT BOARD OF EXAMINERS OF EMBALMERS AND FUNERAL DIRECTORS

Thursday, December 3, 2020 at 9:30 AM  
Department of Public Health  
410 Capitol Avenue, Hartford, CT

#### CALL TO ORDER

I. OPEN FORUM

II. MINUTES

Review and approval of the minutes from the September 1, 2020 meeting.

III. NEW BUSINESS

License Reinstatement Application Review – Robin Carter  
Presented by Fran Manna. License and Applications Analyst

IV. EXECUTIVE SESSION

Confidential Attorney/Client communication with the Office of the Attorney General

V. SCHEDULE MEETING DATES FOR 2021

VI. ADDITIONAL AGENDA ITEMS

#### ADJOURN

**This meeting will be held by video conference.**

Board of Examiners for Embalmers and Funeral Directors via Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+1 860-840-2075](tel:+18608402075) - Phone Conference ID: 380 430 222#

The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.

The **Connecticut Board of Examiners of Embalmers and Funeral Directors** held a meeting on September 1, 2020.

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**BOARD MEMBERS PRESENT:** Darrell L. McClam, Embalmer, Chairman  
Frank W. Carmon, IV, Embalmer  
Agnes Pier

**BOARD MEMBERS ABSENT:** Gerald Bosak, Jr., Embalmer

**ALSO PRESENT:** Jeffrey A. Kardys, Board Liaison  
Alfreda Gaither, Hearing Officer

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The meeting convened at 9:36 a.m.

I. **OPEN FORUM**  
None

II. **MINUTES**  
The June 4, 2020 minutes were reviewed and approved on a motion by Ms. Pier, seconded by Mr. Carmon.

III. **ADJOURNMENT**  
There was no further business and the meeting was adjourned at 9:41 a.m. on a motion by Mr. Carmon, seconded by Ms. Pier.

Respectfully submitted,

Darrell L. McClam - Chairman  
Board of Examiners of Embalmers and Funeral Directors



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Embalmer / Funeral Director Application

For Office Use Only	
License #	_____
Issue Date	_____
Exp. Date	_____

Check One:  Embalmer  Funeral Director Fee for both professions: \$210.00  
 Check One:  Examination  Endorsement  Reinstatement: CT Lic. No: 002654  
 First Name: Robin MI: \_\_\_\_\_ Last Name: Carter Maiden Name: \_\_\_\_\_  
 Social Security No \_\_\_\_\_ Email \_\_\_\_\_

Name and Mailing Address: This will be how your name and address will appear on official documents, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: Robin Carter

Address: 2935 W 33rd St

City, State, Zip: Brooklyn N.Y 11224

Phone Number: \_\_\_\_\_ Date of Birth: 02/13/1965 Gender: F

Mortuary College: A.A.M.I Date Graduated 1/1

Degree Completed: Associate Degree  Diploma

<u>OTHER COLLEGE(S)</u>	<u>DATES ATTENDED</u>	<u>MAJOR</u>	<u>DEGREE</u>

DATE CONFERENCE EXAM: 09/1/1997

Have you ever been licensed/certified in any other state(s) YES  NO  If yes, please list states: New York City

**AT THE EXAM, WILL YOU REQUIRE AN ACCOMMODATION FOR A DISABILITY? YES  NO  IF YES, ATTACH A SEPARATE WRITTEN STATEMENT, BRIEFLY DESCRIBING THE NATURE OF THE DISABILITY AND THE ACCOMMODATION YOU ARE SEEKING. UPON REVIEW OF YOUR REQUEST, THIS OFFICE WILL CONTACT YOU FOR APPROPRIATE DOCUMENTATION.**

**STATEMENT OF PROFESSIONAL HISTORY:** If you answer yes to any question, please refer to the instructions.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: YES  NO

- Any hospital, nursing home, clinic, or similar institution;
- Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
- Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
- Any third party reimbursement program, whether governmental or private?

If "YES", give full details, names, addresses, etc. on separate NOTARIZED statement.

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? YES  NO

If "YES", give name of professional society or association, dates and reasons your membership was suspended or revoked on a separate NOTARIZED statement.

3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? YES  NO

4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? YES  NO

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit. YES  NO

If "YES", to any of the above questions (3-5) give full details, names, addresses, etc. on separate NOTARIZED statement.

6. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? YES  NO

If "YES", give full details, names, addresses, etc. on separate NOTARIZED statement.

7. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? YES  NO

If "YES", give full details, names, addresses, etc. on separate NOTARIZED statement and furnish a Certified Court copy (with court seal affixed) of the original judgement, the settlement, and/or the disposition of the case.

**PHOTOGRAPH:**



**NOTARIZATION:**

On this 24<sup>th</sup> day of October of 20020,

Carter Robin (applicant's name)

personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

*Robin Carter*

SIGNATURE OF APPLICANT

Sworn to before me this 24<sup>th</sup> day of October of 20020.

*[Signature]*

SIGNATURE OF NOTARY PUBLIC

My commission expires 07/11 (2021)

HO CHEUNG LI  
NOTARY PUBLIC, STATE OF NEW YORK  
No. 0116130100

Qualified in Kings County 2021  
Commission Expires July 11, \_\_\_\_\_

Please return this application and fee for \$210.00 in the form of a certified check or money order made payable to, "Treasurer, State of Connecticut" to:

Department of Public Health  
Embalmer Licensure-Remittance Unit  
410 Capitol Ave., MS #12MQA  
P.O. Box 340308  
Hartford, CT 06134-0308

Connecticut Board of Examiners and Embalmers  
410 Capitol Avenue, MS #13PHO  
P. O. Box 340308  
Hartford, CT 06134-0308

October 23, 2020

To Whom It May Concern:

Robin Carter was employed by Morton's Mortuary, Inc. from July 15, 2007 until June 24, 2016. She left our employ to relocate to another state in order to take care of her sick mother.

In terms of her employment, Robin was an excellent embalmer and an exemplary funeral director. It was heart breaking that she had to leave us, however, in view of the circumstances, we totally understood her reason.

Any consideration you can give to Robin in order to reinstate her license would be greatly appreciated and well deserved.

Respectfully,

Robert L. Morton  
President



*Morton's Mortuary, Inc.*

25 Margaret E. Morton Lane  
Bridgeport, CT 06607  
(203) 576-0326 Tel.  
(203) 330-9446 Fax  
info@mortonsmortuary.com  
www.mortonsmortuary.com

October 23, 2020

Connecticut Board of Examiners and Embalmers  
410 Capitol Avenue, MS #13PHO  
P. O. Box 340308  
Hartford, CT 06134-0308

Re: Robin Carter

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