

**STATE OF CONNECTICUT  
CONNECTICUT BOARD OF EXAMINERS FOR NURSING**

Katieann Martins  
241 Lewis Street  
Naugatuck, CT 06770-4454

**Via Certified Mail: 7005 2570 0001 4943 3228**

**Via Email (katieannmartins2@gmail.com)**

**RE:** Katieann Martins, LPN

**NOTICE OF HEARING-CORRECTED**

Pursuant to the General Statutes of Connecticut Section 19a-17, Subsection (d), you are hereby notified to appear before the Connecticut Board of Examiners for Nursing for a hearing to determine whether your licensed practical nurse license may be reinstated. The hearing will be held **November 15, 2023, at 9:00 a.m.**, by video conference during the meeting of the Board of Examiners for Nursing. The link to connect to the hearing will be provided prior to the hearing.

At the aforementioned hearing you may be represented by legal counsel at your own expense, or you may present evidence on your own behalf. You will have the burden of satisfying the Board of your ability to practice nursing with reasonable skill and safety. Evidence of the outcomes of your efforts toward recovery, which demonstrate maintenance of recovery over a lengthy period of time, especially in relationship to length of time of substance abuse, is to be presented to the Board. The Board will require you at that time, to present evidence regarding:

- 1) Documentary or testimonial evidence from a licensed therapist documenting a lengthy period of drug/alcohol free status documented by reports of therapy, your emotional health, and your ability to administer safe nursing care, including the administration of controlled substances.
- 2) Personal references stipulating, but not limited to, the following: your drug/alcohol free status, emotional health, and work habits.
- 3) Documentary or testimonial evidence from current and past employers (since revocation of your license) documenting your ability to responsibly and accurately carry out assigned duties and your potential for functioning safely and effectively as a nurse.
- 4) Copies of random, legally defensible screens for drugs and alcohol conducted by your therapist and/or physician which support your drug/alcohol free status.
- 5) Documentation of participation in support groups and support of a sponsor, as well as the outcome of your participation in support groups.
- 6) Documentation from your therapist and/or physician which includes a list of current medications prescribed by all providers, an evaluation of your need for these medications and an assessment of your continued need for these medications.

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It will be your responsibility to provide the hearing connection link to any witnesses you may call.

Documents:

If you intend to introduce documents into evidence, **YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

Exhibits should be pre-marked for identification ( i.e. Department exhibit 1, Respondent exhibit A), page numbered, and properly redacted.

The following information shall be redacted.

- (1) Date of birth
- (2) Mother's maiden name
- (3) Motor vehicle operator's license number
- (4) Social Security Number
- (5) Other government-issued identification number
- (6) Health insurance identification number
- (7) Financial account number
- (8) Security code or personal identification number (PIN)

Please be prepared to present, at the hearing, any additional information relevant to your current ability to administer safe nursing care. Information should be provided as specified in the attached Notice for Submissions. All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

**Failure to Appear:**

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. **The Board may hold a fact-finding meeting immediately following the close of the record.**

Dated at Hartford, Connecticut this 8th day of November 2023.

For the Connecticut Board of Examiners for Nursing

/s/ Tyra Peluso  
Tyra Peluso, Administrative Hearings Specialist

c: Christian Andresen, Section Chief, Practitioner Licensing and Investigations  
Linda Fazzina, Office of Legal Compliance

**Notice for Submissions**

The hearing in the matter of Katieann Martins, LPN has been scheduled for **November 15, 2023**, and will be conducted remotely through Microsoft Teams/teleconference.

On or before **November 10, 2023**, you must provide the following by electronic mail response to the Department of Public Health, Public Health Hearing Office at [phho.dph@ct.gov](mailto:phho.dph@ct.gov).

1. Electronically Pre-filed exhibits – Exhibits should be pre-marked for identification ( i.e. Department exhibit 1, Respondent exhibit A), page numbered, **and properly redacted for any personally identifiable information**. *Parties and/or counsel should stipulate to any exhibits and facts not in dispute and provide any objections to proposed exhibits*. All exhibits also must be sent to the opposing party or counsel.
2. Witness List – identify any persons expected to be called to testify. Be sure to notify your witnesses that they will be required to remain available and in attendance for the full duration of the hearing. (This will eliminate the difficulty of trying to reach witnesses again for rebuttal or additional examination later in the hearing). Witness lists also must be sent to the opposing party or counsel.
3. Photo Identification: Self-represented parties should provide a copy of a government-issued photo identification for yourself and any witnesses you expect to call. Photo identification is *not* required for parties represented by counsel, or witnesses called to testify for parties represented by counsel.
4. Electronic Mail (“e-mail”) addresses for parties, counsel, and witnesses. All e-mail addresses must be current and able to receive all notices relating to this matter.
5. Cellphone numbers for all parties, counsel, and witnesses at which they can be reached and respond to text message during the hearing (in the event a connection is lost).
6. A statement whether executive session may be required to receive testimony containing personal protected information, and if so, what that information may be (treatment records, patient records, therapy reports). Parties or counsel should identify any witnesses listed in response to #2 above who may provide testimony relating to personal protected information requiring executive session.
7. A statement whether an interpreter will be needed for the proceeding.

This is a formal public hearing. It will be video recorded and posted on the DPH website for public viewing\*. All hearing participants should appear on video in proper attire, in proper surroundings, and remove any potential distractions.

In preparation, please make sure all of your devices are fully functioning and properly charged. All participants are required to have video and audio functions on when testifying or speaking.

Documents are not required to be shared on-screen during hearings, as all parties, attorneys, board members and/or hearing officers have been provided such documents prior to the hearing. Parties and/or attorneys who elect to share documents for viewing on-screen during the hearing must do so from their own equipment. Confidential documents should only be shared in executive session. Hearing Office staff / Teams administrators are not responsible for the sharing of submitted documents in the presentation of a party’s case.

Should you have any question please contact the hearing office at [phho.dph@ct.gov](mailto:phho.dph@ct.gov).

*\*The executive session portion of any hearing will not be recorded on video or posted for public viewing.*

*public viewing*

