

AGENDA

CONNECTICUT STATE BOARD OF EXAMINERS FOR PHYSICAL THERAPISTS

Tuesday, June 14, 2022 at 8:30 AM
Department of Public Health
410 Capitol Avenue, Hartford CT

CALL TO ORDER

I. MINUTES

Adoption of the minutes from February 15, 2022

II. OPEN FORUM

Physical Therapy Licensure Compact Update

III. OFFICE OF LEGAL COMPLIANCE

- A. Jason A. Mussman, P.T. - Petition No. 2016-1201
Presentation of Consent Order – Joelle Newton, Staff Attorney, DPH

- B. Brian E. Sniffin, P.T. - Petition No. 2022-189
Presentation of Consent Order – Craig Sullivan, Staff Attorney, DPH

ADJOURN

This meeting will be held remotely at the link below,

BOARD OF EXAMINERS FOR PHYSICAL THERAPISTS via Microsoft Teams

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: 468 929 532#

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

The **Connecticut State Board of Examiners for Physical Therapists** held a meeting on February 15, 2022.

BOARD MEMBERS PRESENT: Michael J. Parisi, PT, Chairman
Laurie Devaney, PT
James Ware, MD

BOARD MEMBERS ABSENT: None

ALSO PRESENT Stacy Schulman, Esq., Hearing Officer, DPH
Jeffrey Kardys, Board Liaison

The meeting was called to order by Mr. Parisi at 8:30 a.m. All participants were present via Microsoft Teams.

I. MINUTES

The minutes from the December 7, 2021 meeting were reviewed. Dr. Ware made a motion, seconded by Ms. Devaney, to adopt the minutes. The motion passed.

II. OLD BUSINESS

Mr. Parisi provided an update regarding proposed legislation pertaining to a licensure compact for physical therapists.

III. ADJOURNMENT

There was no further business, and the meeting was adjourned at 8:37 a.m. on a motion by Ms. Devaney.

Respectfully submitted,
Michael J. Parisi, PT
Chairman
Connecticut State Board of Examiners for Physical Therapists

CONSENT ORDER COVER SHEET

In Re: Jason A. Mussman, P.T.

Petition No. 2016-1201

1. Jason A. Mussman of New Britain, Connecticut ("respondent") graduated from the University of Hartford in 2014 and was issued license number 010284 to practice physical therapy on August 19, 2014.
2. On November 18, 2016, respondent's physical therapy license was suspended pursuant to an Interim Consent Order.
3. On or about March 29, 2018, respondent was convicted of felony risk of injury to a minor, in violation of Connecticut General Statutes §53-21(a)(2), and felony sexual assault in the second degree, in violation of Connecticut General Statutes §53a-71(a)(1) in *State of Connecticut v. Jason Mussman*, Connecticut Superior Court Docket No. HHB-CR16-0284845-T. Respondent was sentenced to twenty years jail, execution suspended after three years and probation for ten years.
4. Respondent has agreed to the following discipline under the attached Consent Order:

Probationary period of three (3) years to include:

- Respondent must practice in an office setting with, and under the direct supervision of an on-site, licensed physical therapist, pre-approved by the Department.
 - Monthly reports from the practice supervisor for the first year of probation and quarterly reports for the remainder of probation.
 - No self-employment or employment for a personnel provider service, assisted living services agency, homemaker – home health aide agency, or home health care agency during probation.
 - Written pre-approval from the Department for all employment or change in employment as a physical therapist.
 - Quarterly reports from respondent's probation officer indicating that respondent is complying with all terms and condition of his sentence.
 - Successful completion, within the first six months of probation of the following courses offered by the American Physical Therapy Association (or an equivalent course pre-approved by the Department):
 - *Screening for Medical Disorders
 - *Professionalism Module 3:Ethical Compass
 - *Cultural Considerations for Clinical Decision Making in Diverse Patient/Client Populations
 - *Defensible Documentation: A Framework for Physical Therapy Documentation
 - *Pain, Science and Management: A Series of Hot Topics
5. The Department and respondent, through his counsel, respectfully request that the State Board of Examiners for Physical Therapists approve and accept the attached Consent Order to resolve this petition.

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

In re: Jason A. Mussman, P.T.

Petition No. 2016-1201

CONSENT ORDER

WHEREAS, Jason A. Mussman of New Britain, Connecticut ("respondent") has been issued license number 010284 to practice physical therapy by the Department of Public Health ("the Department") pursuant to Chapter 376 of the General Statutes of Connecticut, as amended;

WHEREAS, on November 18, 2016, respondent's physical therapy license was suspended pursuant to an Interim Consent Order; and

WHEREAS, respondent admits that:

1. On or about March 29, 2018, respondent was convicted of felony risk of injury to a minor, in violation of Connecticut General Statutes §53-21(a)(2), and felony sexual assault in the second degree, in violation of Connecticut General Statutes §53a-71(a)(1) in *State of Connecticut v. Jason Mussman*, Connecticut Superior Court Docket No. HHB-CR16-0284845-T.
2. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §§19a-17 and/or 20-73a.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut State

Board of Examiners for Physical Therapists ("the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-73a of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-73a of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent's license number 010284 to practice physical therapy shall be placed on probation for a period of three (3) years under the following terms and conditions:
 - a. During the period of probation, respondent shall only practice in an office and practice setting with, and under the direct supervision of an on-site, licensed physical therapist ("practice supervisor") pre-approved by the Department for the entire probationary period. For the purposes of this Consent Order, "supervision" means the on-site overseeing of or the participation in respondent's practice of physical therapy, including, but not limited to: (i) active and continuous direct communication between respondent and his practice supervisor; (ii) active and continuing overview of respondent's activities to ensure the practice supervisor's directions are being implemented and to support respondent in the performance of respondent's physical therapy practice; (iii) a pre-determined plan for emergency situations, including the designation of an alternate in the event of the absence of the practice supervisor; and (iv) review of patient charts and records at least weekly to ensure respondent is practicing with reasonable skill and safety.
 - b. Respondent shall provide a copy of this Consent Order to his practice supervisor. Respondent's practice supervisor shall furnish written confirmation to the

Department of receipt of a copy of this Consent Order within fifteen (15) days of the commencement of respondent's employment.

- c. Respondent shall be responsible for providing reports from his practice supervisor to the Department monthly for the first year of probation; and, quarterly for the remainder of the probationary period. Such practice supervisor's reports shall include confirmation that respondent has worked under the supervision of the practice supervisor for the reporting period, documentation of dates of on-site supervision of respondent, number and general description of patient charts and records reviewed, additional oversight provided, a statement that respondent's interactions with patients is professional and ethical, and a statement as to whether respondent is practicing with reasonable skill and safety. A report indicating that respondent is not practicing with reasonable skill and safety or that respondent's patient interactions are unprofessional or unethical shall be deemed to be a violation of this Consent Order.
- d. Respondent shall not be employed as a physical therapist for a personnel provider service, assisted living services agency, homemaker – home health aide agency, or home health care agency and shall not be self-employed as a physical therapist during the period of probation.
- e. During the probationary period, respondent shall obtain written pre-approval from the Department for all employment and/or change of employment as a physical therapist.
- f. Respondent shall comply with all terms and conditions of his sentencing in *State of Connecticut v. Jason Mussman*, Docket No. HHB-CR16-0284845-T in Connecticut Superior Court. Respondent shall provide his Connecticut Superior Court Probation Officer with a copy of this Consent Order within fifteen (15) day of its effective

date. Respondent shall be responsible for a written report to the Department not less than once every three months from his Connecticut Superior Court Probation Officer indicating that respondent is complying with all terms and conditions of his sentence. The reports shall be issued to the Department at the address in paragraph 3 below. A report indicating that respondent is not in compliance with all terms and conditions of his sentence shall be deemed a violation of this Consent Order.

- g. During the period of probation, respondent shall report any arrest to the Department within fifteen (15) days of such occurrence.
- h. Within the first six (6) months of the probationary period, respondent shall attend and successfully complete the following courses offered by the American Physical Therapy Association, or an equivalent course pre-approved by the Department: (i) Screening for Medical Disorders, (ii) Professionalism Module 3: Ethical Compass, (iii) Cultural Considerations for Clinical Decision Making in Diverse Patient/Client Populations; (iv) Defensible Documentation: A Framework for Physical Therapy Documentation; and (v) Pain, Science and Management: A Series of Hot Topics. Within fifteen (15) days of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such coursework.

3. All correspondence and reports are to be addressed to:

Practitioner Compliance and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

4. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
5. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
6. Respondent shall pay all costs necessary to comply with this Consent Order.
7. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
 - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
 - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 7a above to demonstrate to the satisfaction of the Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
8. In the event respondent does not practice as a physical therapist for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such

periods of times shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes the practice of physical therapy, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to the practice of a physical therapist without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice. Respondent agrees that any return to the practice of physical therapy without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.

9. If, during the period of probation, respondent practices as a physical therapist outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of physical therapy in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all probationary terms and conditions contained in this Consent Order.
10. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.

11. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
12. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
13. Respondent understands that this Consent Order is a public document. Respondent understands and agrees that the above admitted violations shall be deemed true in any proceeding before the Board in which respondent's compliance with this Consent Order or with §20-73a of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services.
14. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a physical therapist, upon request by the Department, with notice to the Board, for a period not to exceed forty-five (45) days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said forty-five (45) day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and

respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.

15. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
16. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.
17. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
18. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether

to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.

19. Respondent understands and agrees that respondent is responsible for satisfying all the terms of this Consent Order during vacations and other periods in which respondent is away from respondent's residence.
20. Respondent has consulted with his attorney prior to signing this document.
21. 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 State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only and is not intended to affect any civil or criminal liability or defense.
22. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

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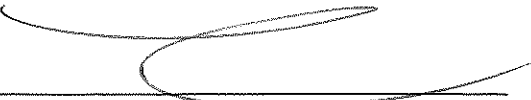
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I, Jason A. Mussman, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.



Jason A. Mussman, P.T.

Subscribed and sworn to before me this 3rd day of May 2022.



Notary Public or person authorized by law to administer an oath or affirmation

Robert Koppes, Esq. JWS 408983

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 25th day of May 2022, it is hereby accepted.



Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the Connecticut State Board of Examiners for Physical Therapists on the _____ day of _____ 2022, it is hereby ordered and accepted.

Connecticut State Board of Examiners for Physical Therapists

ORIGINAL

REINSTATEMENT CONSENT ORDER COVER SHEET

In Re: Brian E. Sniffin, Unlicensed Physical Therapist

Petition No. 2022-189

1. Brian E. Sniffin of Danbury, Connecticut (hereinafter "respondent") graduated from Springfield College and was licensed to practice physical therapy in 2015.
2. On June 25, 2019, respondent entered into a Consent Order under which his license was placed on probation for four (4) years.
3. Respondent violated the probationary terms of the Consent Order. Respondent subsequently voluntarily surrendered his license on September 26, 2019.
4. On or about July 2017 and/or in or about January 2018, while working as a physical therapist at one or more hospitals, respondent appeared impaired at work and/or exhibited behavioral changes consistent with such impairment such as loud, confused or rapid speech; unsteady gait; hyperactivity; profuse sweating; and/or blood-shot eyes.
5. Respondent has agreed to the following discipline under the attached Reinstatement Consent Order:
 - Four (4) years of probation;
 - Urine screens weekly for the 1st and 4th year, twice monthly for the 2nd and 3rd years;
 - Therapy and employer reports monthly for the 1st and 4th year and quarterly for the 2nd and 3rd years;
 - Anonymous or support meetings; and
 - No solo practice
6. The Department and respondent respectfully request that the State Board of Examiners for Physical Therapists approve and accept the attached Reinstatement Consent Order to resolve this petition.

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

In re: Brian E. Sniffin, Unlicensed P.T.

Petition No. 2022-189

REINSTATEMENT CONSENT ORDER

WHEREAS, Brian E. Sniffin of Danbury, Connecticut (hereinafter "respondent") has been issued license number 010622 to practice as a physical therapist by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 376 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent voluntarily surrendered his license on September 26, 2019, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. Respondent voluntarily surrendered his physical therapist's license on September 26, 2019.
2. That, in or about July 2017 and/or in or about January 2018, while working as a physical therapist at one or more hospitals, respondent appeared impaired at work and/or exhibited behavioral changes consistent with such impairment such as loud, confused or rapid speech; unsteady gait; hyperactivity; profuse sweating; and/or blood-shot eyes.
3. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the Connecticut General Statutes.

WHEREAS, respondent, in consideration of this Reinstatement Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut State Board of Examiners for Physical Therapists (hereinafter "the Board"), this Reinstatement Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-73a of the Connecticut General Statutes.

NOW THEREFORE, pursuant to §§19a-17 and 20-73a of the Connecticut General Statutes, as amended, respondent hereby stipulates and agrees as follows:

1. He waives his right to a hearing on the merits of this matter.
2. Respondent's license to practice as a physical therapist shall be reinstated when he satisfies the requirements for reinstatement of his license, as set forth in §§ 19a-14-1 through 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties.
3. Immediately upon reinstatement, respondent's license shall be placed on probation for a period of four (4) years under the following terms and conditions:
 - (A) Respondent shall participate in regularly scheduled therapy at respondent's own expense with a licensed Connecticut therapist pre-approved by the Department (hereinafter "therapist").
 - (i) Respondent shall provide a copy of this Reinstatement Consent Order to respondent's therapist.
 - (ii) Respondent's therapist shall furnish written confirmation to the Department of the therapist's engagement in that capacity and receipt of a copy of this Reinstatement Consent Order within fifteen (15) days of the effective date of this Reinstatement Consent Order.

(iii) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.

(iv) The therapist shall submit reports directly to the Department for the entire probationary period. Reports shall be submitted monthly during the first and fourth years of probation, and on a quarterly basis for the second and thirds years of probation. Such therapist reports shall address, but not necessarily be limited to, respondent's ability to practice as a physical therapist safely and competently and in an alcohol-free and substance free state. A report indicating that respondent is not able to practice safely and competently, or that he is not able to practice in an alcohol-free and substance-free state, shall be deemed to be a violation of this Reinstatement Consent Order. Said reports shall continue until the therapist determines that therapy is no longer necessary, or the period of probation has terminated.

(v) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates the therapist's services.

(B) During the entire four-year probation, respondent shall refrain from the ingestion of alcohol in any form and the ingestion, inhalation, injection or other use of any controlled substance, marijuana and/or legend drug unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. Respondent shall inform said licensed health care professional of respondent's substance abuse history. In the event a medical condition arises requiring treatment utilizing controlled

substances, marijuana, legend drugs, or alcohol in any form, respondent shall notify the Department and, upon request, provide such written documentation of the treatment as is deemed necessary by the Department.

(i) During the probationary period the respondent shall, at respondent's own expense, submit to random observed urine screens for alcohol, controlled substances, marijuana, Ethylglucuronide (EtG) and legend drugs; in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as ('Attachment A: Department Requirements for Drug and Alcohol Screens'); during the first and fourth years of the probationary period, the respondent shall submit to such screens on a weekly basis, and during the second and third years of the probationary period the respondent shall submit to such screens at least twice a month. Respondent shall submit to such screens on a more frequent basis if requested to do so by the therapist or the Department. Said screens shall be administered by a facility approved by the Department. All such random screens shall be legally defensible in that the specimen donor and chain of custody shall be identified throughout the screening process. All laboratory reports shall state that the chain of custody procedure has been followed.

(ii) Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by the testing laboratory. All screens shall be negative for the presence of drugs and alcohol. Respondent agrees that an EtG test report of EtG at a level of 1000ng/mL or higher shall be deemed to constitute a positive screen for the presence of alcohol under this Reinstatement Consent Order. All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.

- (iii) Respondent understands and agrees that if respondent fails to submit a urine sample when requested by respondent's monitor, such missed screen shall be deemed a positive screen.
- (iv) Respondent shall notify each of his health care professionals of all medications prescribed for respondent by any other health care professionals.
- (v) Respondent is hereby advised that the ingestion of poppy seeds, mouthwash and over the counter cough or cold medicines or remedies has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol and as a defense of an EtG at 1000ng/mL or higher. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, mouthwash and over the counter cough or cold medicines or remedies during the term of this Reinstatement Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol or if respondent's test reports an EtG at 1000ng/mL or higher, respondent agrees that the ingestion of poppy seeds and/or mouthwash and/or over the counter cough or cold medicines or remedies shall not constitute a defense to such a screen.
- (C) During the entire period of probation, respondent shall attend "anonymous" or support group meetings on an average of eight to ten times per month, and respondent shall provide quarterly reports to the Department concerning respondent's record of attendance.
- (D) During the period of probation, respondent shall report to the Department any arrest under the provisions of Connecticut General Statutes section 14-227a. Such report shall occur within fifteen (15) days of such event.
- (E) During the period of probation, respondent shall provide each employer at any facility or place where respondent practices as a physical therapist with a copy of this Reinstatement

Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of practice with any new employer. Respondent agrees to provide reports from such employer stating whether respondent is practicing with reasonable skill and safety and in an alcohol-free and substance-free state. Such employer reports shall be submitted monthly during the first and fourth years of probation, and on a quarterly basis for the second and thirds years of probation. A report indicating that respondent is not practicing with reasonable skill and safety, or that he is not practicing in an alcohol-free and substance-free state, shall be deemed to be a violation of this Reinstatement Consent Order.

(F) During the period of probation, respondent shall only practice in an office and practice setting that physically includes other professionals, licensed by the Department, on-site while respondent is practicing at said office and practice setting.

(G) Respondent shall obtain written approval from the Department prior to any change in employment.

(H) All correspondence and reports shall be addressed to:

Practitioner Compliance and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

4. Respondent shall comply with all federal and state statutes and regulations applicable to his license.
5. Respondent shall notify the Department of any change(s) in his employment within fifteen (15) days of such change.
6. Respondent shall notify the Department of any change in his home and/or business address within fifteen (15) days of such change.

7. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
8. Respondent understands and agrees that this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Board in which (1) his compliance with this Reinstatement Consent Order is at issue, or (2) his compliance with Chapter 376 of the Connecticut General Statutes, as amended, is at issue.
9. This Reinstatement Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Reinstatement Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Reinstatement Consent Order pursuant to §4-181a of the Connecticut General Statutes without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the Connecticut General Statutes, provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or of the United States.
10. This Reinstatement Consent Order is a revocable offer of settlement, which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.

11. This Reinstatement Consent Order is effective on the first day of the month immediately following the date this Reinstatement Consent Order is accepted and ordered by the Board.
12. Respondent has the right to consult with an attorney prior to signing this document.
13. Respondent understands this Reinstatement Consent Order is a matter of public record and shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services.
14. 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. The purpose of this Reinstatement Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
15. If, during the period of probation, respondent practices as a physical therapist outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time period, respondent shall not be responsible for complying with the terms of probation of this Reinstatement Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Reinstatement Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to practice as a physical therapist in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 3 above.
16. In the event respondent violates any term of this Reinstatement Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Department.

17. In the event respondent violates a term of this Reinstatement Consent Order, respondent agrees immediately to refrain from practicing as a physical therapist, upon request by the Department, with notice to the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45-day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.
18. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
19. Respondent permits a representative of the Department to present this Reinstatement Consent Order and the factual basis for this Reinstatement Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Reinstatement Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Reinstatement Consent Order and/or a Board

member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.

20. Respondent understands and agrees that respondent is responsible for satisfying all of the terms of this Reinstatement Consent Order during vacations and other periods in which respondent is away from respondent's residence.

21. This Reinstatement Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Reinstatement Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Brian E. Sniffin, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

Brian E Sniffin
Brian E. Sniffin

Subscribed and sworn to before me this 18 day of April 2022.



Evaliz Torres
Notary Public or person authorized
by law to administer an oath or
affirmation

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 19th day of April, 2022, it hereby ordered and accepted.

Christian D. Andresen

Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Connecticut State Board of Examiners for Physical Therapists on the _____ day of _____, 2022, it is hereby ordered and accepted.

BY: _____
Connecticut State Board of Examiners for Physical Therapists