

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

Re: David Peasley
License No.: 001951


Petition No. 2024-1494

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT


David Peasley, being duly sworn, deposes and says:

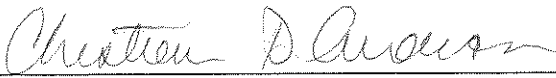
1. I am over the age of majority and agree to the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health ("Department") to practice as a behavior analyst. I presently hold license number 001951. For the purposes of this affidavit, "license" means an active, suspended, lapsed, or expired license or certificate.
4. I hereby voluntarily surrender my license to practice as a behavior analyst in the State of Connecticut as provided pursuant to Connecticut General Statute §19a-17(d).
5. I agree and acknowledge that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2024-1494 shall be deemed true. I further agree and acknowledge 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 as provided pursuant to Connecticut General Statutes §19a-14(a)(6).
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 agree and acknowledge that this affidavit and the case file in Petition Number 2024-1494 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I agree and acknowledge that this surrender of my license is an event that is reportable to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services and is public information.

9. I agree and acknowledge that this affidavit has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition Number 2024-1494.
10. I agree and acknowledge that I have the right to consult with an attorney prior to signing this affidavit.
11. I agree and acknowledge that the execution of this affidavit 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 agree and acknowledge that the purpose of this affidavit 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 Connecticut State Agency Regulations §19a-14-44.


David Peasley

Subscribed and sworn to before me this 9th day of December 2024.


Notary Public
Commissioner of Superior Court

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

12/9/24
Date
1/2/2025