STATE MEDICAL BOARD
OF OHIO

2009 AUG 13 PM 4: 13

STATE OF OHIO
THE STATE MEDICAL BOARD
VOLUNTARY RETIREMENT FROM THE PRACTICE OF MASSAGE THERAPY

I, Katie Miller, M.T., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, Katie Miller, M.T., do hereby voluntarily, knowingly, and intelligently retire from the practice of massage therapy, effective upon the last date of signature below.

I, Katie Miller, M.T., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice massage therapy, License No. 33.005184, to the State Medical Board of Ohio [Board].

I do not have the renewal card

I understand that as a result of the surrender herein I am no longer permitted to practice massage therapy in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for, reinstatement or restoration of certificate to practice massage therapy, License No. 33.005184, or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, on or after the date of signing this Voluntary Retirement from the Practice of Massage Therapy. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, Katie Miller, M.T., hereby release the State Medical Board of Ohio, its members, employees, agents and officers, jointly and severally, from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. I, Katie Miller, M.T., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

Voluntary Retirement
Katie Miller, M.T.

I stipulate and agree that I am taking the action described herein in lieu of further investigation of a possible violation of Section 4731.22(B)(8), Ohio Revised Code.

EFFECTIVE DATE

It is expressly understood that this Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

Katie Miller
KATIE MILLER, M.T.

8-17-09
DATE

LANCE A. TALMAGE, M.D.
Secretary

9-9-09
DATE

RAYMOND J. ALBERT
Supervising Member

9/9/09
DATE

DANIEL S. ZINSMASTER, ESQ.
Enforcement Attorney

8/15/2009
DATE

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