

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :
:
KATHRYN W. SHERIDAN, M.T. :

ENTRY OF ORDER

On November 17, 2009, Kathryn W. Sheridan, M.T., executed a Surrender of her certificate to practice massage therapy in the state of Ohio with consent to revocation, which document is attached hereto and fully incorporated herein.

Wherefore, upon ratification by the Board of the surrender, it is hereby ORDERED that Certificate No. 33-007932 authorizing Kathryn W. Sheridan, M.T., to practice massage therapy in the state of Ohio be permanently REVOKED, effective December 9, 2009.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 9th day of December 2009, and the original thereof shall be kept with said Journal.



Lance A. Talmage, M.D.
Secretary

(SEAL)

December 9, 2009
Date

**STATE OF OHIO
THE STATE MEDICAL BOARD
PERMANENT WITHDRAW OF APPLICATION FOR RESTORATION
AND PERMANENT SURRENDER OF
CERTIFICATE TO PRACTICE MASSAGE THERAPY**

I, Kathryn W. Sheridan, 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, Kathryn W. Sheridan, do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice massage therapy, License #33.007932, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice massage therapy in Ohio. I acknowledge that I have not been legally authorized to practice massage therapy in Ohio since August 31, 2005, the date upon which my license became inactive due to my inadvertent failure to renew said license, and further state that because of my inadvertent failure to renew said license I provided massage therapy services after the expiration of my certificate to practice massage therapy.

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

I agree that I shall be ineligible for, and shall not apply for, restoration of certificate to practice massage therapy License #33.007932 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 Permanent Withdraw of Application for Restoration and Permanent Surrender of Certificate to Practice Massage Therapy. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board. Further, I request that my pending application for restoration of my certificate to practice massage therapy in the State of Ohio, received by the Board on or about April 28, 2009, be permanently withdrawn.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order permanently revoking my certificate to practice massage therapy, License #33.007932, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice massage therapy.

NOV 20 2009

Permanent Withdraw of Application for Restoration and
Permanent Surrender of Certificate to Practice Massage Therapy
Kathryn W. Sheridan



I, Kathryn W. Sheridan, hereby release the Board, its members, employees, agents, officers and representatives 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, Kathryn W. Sheridan, 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.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(10), Ohio Revised Code, related to my unlicensed practice of massage therapy following the expiration of my license to practice massage therapy in the State of Ohio.

EFFECTIVE DATE

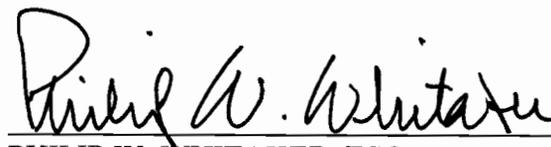
It is expressly understood that this Permanent Withdraw of Application for Restoration and Permanent Surrender of Certificate to Practice Massage Therapy is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

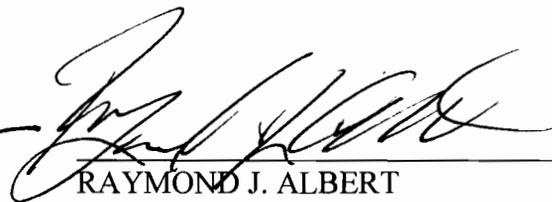

KATHRYN W. SHERIDAN


LANCE A. TALMAGE, M.D.
Secretary

11/17/09
DATE

12-9-09
DATE


PHILIP W. WHITAKER, ESQ.
Attorney for Ms. Sheridan


RAYMOND J. ALBERT
Supervising Member

Nov. 17, 2009
DATE

12/09/09
DATE

Permanent Withdraw of Application for Restoration and
Permanent Surrender of Certificate to Practice Massage Therapy
Kathryn W. Sheridan

Rebecca J. Marshall

REBECCA J. MARSHALL, ESQ.
Chief Enforcement Attorney

November 23, 2009

DATE

NOV 20 2009