

**STATE OF OHIO
THE STATE MEDICAL BOARD
SURRENDER OF CERTIFICATE
TO PRACTICE A LIMITED BRANCH OF MEDICINE -
MASSAGE THERAPY**

I, Dineen Marie Smith, 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 stipulate and agree that I am represented in this matter by legal counsel.

I, Dineen Marie Smith, M.T., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice a limited branch of medicine - massage therapy, No. 33-008473, to the State Medical Board of Ohio, thereby relinquishing all rights to practice massage therapy in Ohio. I understand that as a result of the surrender herein that I am no longer permitted to practice massage therapy in any form or manner in the State of Ohio.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(26), Ohio Revised Code, based upon facts including the following:

I admit that I have been diagnosed as chemically dependant upon controlled substances and that I have abused controlled substances obtained by prescription from multiple physicians, who individually were unaware of the prescribing of the others.

I further admit that in or about November 2001, I entered into an agreement with the Alternative Program for Chemically Dependent Nurses of the Ohio Board of Nursing, whereby I admitted that I was chemically dependent and agreed to comply with monitoring, treatment, and aftercare provisions for chemical dependency. I further admit that I am no longer participating in the Alternative Program for Chemically Dependent Nurses, and state that I voluntarily removed myself from the Alternative Program for other medical reasons.

I, Dineen Marie Smith, M.T., understand and agree that in the event I apply for reinstatement of my license to practice a limited branch of medicine - massage therapy, or for the issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, on or after the date of signing this Surrender of Certificate to Practice a Limited Branch of Medicine - Massage Therapy, the State Medical Board of Ohio shall have full authority to investigate any matters pertinent to my application, including but not limited to, my ability to practice in accordance with acceptable and prevailing standards of care and any criminal, civil, administrative and/or disciplinary matters concerning me regardless of whether such investigation relates to the facts stipulated above or any of my other acts, conduct and/or omissions, either presently known or unknown to the Board, and irrespective of whether such investigation concerns matters that may have occurred in the past or arise in the future. I further agree that, as part of any future application process, I will authorize release to the State Medical Board of Ohio any and all documents related to my compliance with and/or monitoring by any agency responsible for regulating any of my professional licenses or certificates; chemical dependency aftercare programs; health care provider, including but not limited to, treatment related to alcohol or chemical dependence; as well as any and all documents related to my court orders and/or my participation in drug diversion programs. I further understand and agree that, in the event that I apply for reinstatement of my license to practice a limited branch of medicine -

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massage therapy, or issuance of any other certificate as referenced above, the State Medical Board of Ohio may deny my request or place terms and conditions upon a certificate if issued, based upon violations of Section 4731.22(B)(26), Ohio Revised Code, as set forth above, or upon any other legal basis.

I, Dineen Marie Smith, M.T., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

I understand that this document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code, and may be reported to appropriate organizations, data banks, and governmental bodies. I, Dineen Marie Smith, M.T., agree to provide my social security number to the Board and hereby authorize the Board to utilize that number in conjunction with that reporting.

Signed this 20 day of May, 2003.

Dineen Marie Smith
Dineen Marie Smith, M.T.

Frank Groh-Wargo, Esq.
Attorney for Dineen Marie Smith, M.T.

Frank Groh-Wargo
Witness

Adanna K. Salgado
Witness

Sworn to and subscribed before me this _____ day of _____, 200_____.

Notary Public

SEAL (This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

Anand G. Garg *Raymond J. Albert*
ANAND G. GARG, M.D. RAYMOND J. ALBERT
SECRETARY SUPERVISING MEMBER

5/22/03
DATE/DATE

5/21/03

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