BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :

:

LEE ADAM WILSON, M.T. :

ENTRY OF ORDER

On December 11, 2005, Lee Adam Wilson, M.T., executed a Surrender of his 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. 33-009895 authorizing Lee Adam Wilson, M.T., to practice massage therapy be permanently REVOKED, effective December 14, 2005.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 14th day of December 2005, and the original thereof shall be kept with said Journal.

Lance A. Talmage, M.D.
Secretary

(SEAL)

December 14, 2005
Date

OHIO STATE MEDICAL BOARD

DEC 1 3 2005

STATE OF OHIO
THE STATE MEDICAL BOARD
SURRENDER OF CERTIFICATE
TO PRACTICE MASSAGE THERAPY

I, Lee Adam Wilson, 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, Lee Adam Wilson, M.T., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice massage therapy, license number 33-009895, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice massage therapy in Ohio. Additionally, I state that I have not practiced massage therapy in Ohio since August 31, 2005, which is the date my certificate to practice massage therapy in Ohio, license number 33-009895, lapsed.

I understand that as a result of the surrender herein that I will not hereafter be 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 of certificate to practice massage therapy, license number 33-009895, or 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 Massage Therapy. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

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 number 33-009895, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six 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.

I, Lee Adam Wilson, 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.

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, Lee Adam Wilson, 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.

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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.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(11), Ohio Revised Code, in accordance with the finding of my guilt, on or about May 5, 2004, in the Municipal Court of Kettering, Ohio, of the charge of Sexual Imposition based upon my sexual contact with a client during a massage therapy session.

Signed this 11 day of December, 2005.

Lee Adam Wilson, M.T.

WITNESS

WITNESS

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

SEAL

NOTARY PUBLIC

(This form must be either witnessed OR notarized)

LANCE A. TALMAGE, M.D.
SECRETARY

RAYMOND J. ALBERT
SUPERVISING MEMBER

12-14-05
DATE

12/14/05
DATE