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

I, Scott Joseph Baclawski, 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, Scott Joseph Baclawski, do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice massage therapy, No. 33-011761, to the State Medical Board of Ohio [Board], 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 agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice massage therapy No. 33-011761 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, Scott Joseph Baclawski, 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, Scott Joseph Baclawski, 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.

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 further investigation by the Board related to a possible violation of Section 4731.22(B)(18), Ohio Revised Code.

OHIO STATE MEDICAL BOARD
SEP 2 8 2006

Signed this 22nd day of September, 2006.

Scott Joseph Baclawski
Scott Joseph Baclawski, M.T.

WITNESS

WITNESS

Sworn to and subscribed before me this 22nd day of September, 2006.

Niharika D. Chokshi
NOTARY PUBLIC

SEAL

NIHARIKA D. CHOKSHI
Notary Public, State of Ohio
My Commission Expires July 28, 2007

(This form must be either witnessed OR notarized)

Lance A. Talmage MD
LANCE A. TALMAGE, M.D.
SECRETARY

RAYMOND J. ALBERT
SUPERVISING MEMBER

10-11-06
DATE

10/12/06
DATE

OHIO STATE MEDICAL BOARD
SEP 28 2006