

BEFORE THE STATE MEDICAL BOARD OF OHIO

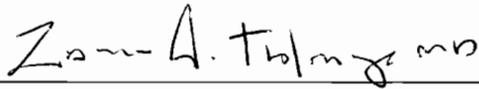
IN THE MATTER OF :  
:  
THOMAS WILLIAM KASER, M.T. :

**ENTRY OF ORDER**

On February 25, 2009, Thomas William Kaser, 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. 33-012014 authorizing Thomas William Kaser, M.T., to practice massage therapy in the state of Ohio be permanently REVOKED, effective March 11, 2009.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 11<sup>th</sup> day of March 2009, and the original thereof shall be kept with said Journal.

  
\_\_\_\_\_  
Lance A. Talmage, M.D. RW  
Secretary

(SEAL)

\_\_\_\_\_  
March 11, 2009  
Date

STATE MEDICAL BOARD  
OF OHIO

2009 FEB 27 P 2:26

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

I, Thomas William Kaser, 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, Thomas William Kaser, M.T., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice massage therapy, License No. 33.012014, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice massage therapy in the State of Ohio.

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. 33.012014, 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 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 No. 33.012014, 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.

I, Thomas William Kaser, 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, Thomas William Kaser, M.T.,

**OHIO STATE MEDICAL BOARD**

FEB 27 2009

**RECEIVED**

Surrender of Certificate  
Thomas William Kaser, M.T.

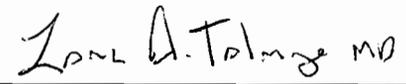
acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

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)(26), Ohio Revised Code.

**EFFECTIVE DATE**

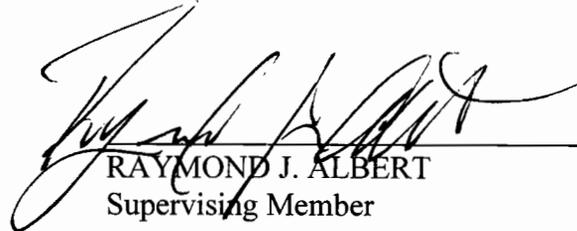
It is expressly understood that this Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

  
\_\_\_\_\_  
THOMAS WILLIAM KASER, M.T.

  
\_\_\_\_\_  
LANCE A. TALMAGE, M.D. *LTW*  
Secretary

2-25-09  
\_\_\_\_\_  
DATE

3/12/09  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
RAYMOND J. ALBERT  
Supervising Member

3/11/09  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
DANIEL S. ZINSMASER, ESQ.  
Enforcement Attorney

3/2/2009  
\_\_\_\_\_  
DATE

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STATE MEDICAL BOARD  
OF OHIO