BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :

:

MARIA LYNN YUNKER, M.T. :

ENTRY OF ORDER

On July 30, 2006, Maria Lynn Yunker, 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. 33-012301 authorizing Maria Lynn Yunker, M.T., to practice massage therapy be permanently REVOKED, effective August 9, 2006.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 9th day of August 2006, and the original thereof shall be kept with said Journal.

Lance A. Talmage, M.D.
Secretary

(SEAL)

August 9, 2006
Date

STATE MEDICAL BOARD
OF OHIO
2006 AUG -1 A 11:40

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

I, Maria Lynn Yunker, 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, Maria Lynn Yunker, M.T., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice massage therapy, License No. 33.012301, 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 massage therapy, License No. 33.012301, 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 No. 33.012301, 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, Maria Lynn Yunker, 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, Maria Lynn Yunker, 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 formal disciplinary proceedings pursuant to Section 4731.22(B)(26), Ohio Revised Code, based upon a Board-ordered evaluation resulting in a determination that I am impaired, as well as my history of pleading guilty to two drug-related misdemeanors.

Signed this 30 day of July, 2006.

MARIA LYNN YUNKER, M.T.

WITNESS

WITNESS

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

SEAL

NOTARY PUBLIC

STATE MEDICAL BOARD OF OHIO
2006 AUG -1 A 11:40

(This form must be either witnessed OR notarized)

LANCE A. TALMAGE, M.D.
SECRETARY

RAYMOND J. ALBERT
SUPERVISING MEMBER

8-9-06
DATE

8/9/06
DATE