

**STATE OF OHIO
THE STATE MEDICAL BOARD
VOLUNTARY RETIREMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY**

I, Calvin T. Richardson, D.O., am aware of my right to representation by counsel and do hereby freely execute this document and choose to take the actions described herein.

I, Calvin T. Richardson, D.O., do hereby voluntarily, knowingly, and intelligently retire from the practice of osteopathic medicine and surgery. Further, I, Calvin T. Richardson, D.O., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice osteopathic medicine and surgery, #34.000431, to the State Medical Board of Ohio [Board]. I understand that as a result of the surrender herein that I am no longer permitted to practice osteopathic medicine and surgery 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 osteopathic medicine and surgery #34.000431 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 Voluntary Retirement from the Practice of Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, Calvin T. Richardson, D.O., hereby release the State Medical Board of Ohio, its members, employees, agents and officers, 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, Calvin T. Richardson, D.O., 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 by the Board related to controlled substance management.

It is expressly understood that this Voluntary Retirement 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.

Signed this 26th day of October, 2005.


Calvin T. Richardson, D.O.

Voluntary Retirement
Calvin T. Richardson, D.O.
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Det. Fred Wilho - LCSO
WITNESS

WITNESS

Sworn to and subscribed before me this 26th day of October, 2005.

SEAL

Gregory A. McGlaun
NOTARY PUBLIC

(This form must be either witnessed OR notarized)

NOTARY PUBLIC

NO. 83781

GREGORY A. McGLAUN

MY TERM EXP. 04-12-06

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

Raymond J. Albert
RAYMOND J. ALBERT
SUPERVISING MEMBER

11-9-05
DATE

11/09/05
DATE