

VOLUNTARY RETIREMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY

I, Albert C. Sunseri, M.D., 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, Albert C. Sunseri, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective October 3, 1990.

I, Albert C. Sunseri, M.D., do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 9327, to the Ohio State Medical Board.

I understand that I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio, and that I may not apply for reregistration, reinstatement, or restoration of this certificate or issuance of any other certificate pursuant to Chapters 4730. and 4731. of the Revised Code. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, Albert C. Sunseri, M.D., 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 stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(A) and 4731.22(B)(5), (20) and 4731.281 of the Ohio Revised Code, and O.A.C. 4731-10-03 and 4731-10-08.

Signed this 1st day of Oct, 1990.

Albert C. Sunseri M.D.
ALBERT C. SUNSERI, M.D.

Robert Leon Howard
WITNESS

Peter J. Vitore
WITNESS

Sworn to and subscribed before me this ___ day of _____,
19__.

(SEAL)

NOTARY PUBLIC

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

Henry G. Cramblett
HENRY G. CRAMBLETT, M.D.
Secretary

John E. Rauch
JOHN E. RAUCH, D.O.
Supervising Member

10/2/90
Date

10/2/90
Date

0372S

STATE OF OHIO
THE STATE MEDICAL BOARD
77 SOUTH HIGH STREET
17TH FLOOR
COLUMBUS OH 43215

August 8, 1990

Albert C. Sunseri, M.D.
311 Braybarton Blvd.
Steubenville, OH 43952

Dear Doctor Sunseri:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand or place you on probation for one or more of the following reasons:

- (1) In applying for registration of your certificate to practice medicine and surgery for the current registration period, you certified that you had completed during the last registration period (January 1, 1987 through December 1988) the requisite hours of Continuing Medical Education (CME), as required by Section 4731.281, Ohio Revised Code.
- (2) By letter dated March 27, 1990, and sent certified mail, you were notified by the State Medical Board that you are required to complete a log listing your CME for the 1987-1988 registration period, and to provide documentation that you actually completed at least forty (40) hours of Category I CME credits and at least sixty (60) hours of Category II credits. You were again notified by letter dated May 24, 1990, and sent certified mail. You have submitted no documentation of CME completed during the 1987-1988 registration period.

The acts, conduct, and/or omissions as alleged in paragraphs (1) and (2) above, individually and/or collectively, constitute "fraud, misrepresentation, or deception in applying for or securing any license or certificate issued by the board," as that clause is used in Section 4731.22(A), Ohio Revised Code.

Mailed 8/9/90

August 8, 1990

Albert C. Sunseri, M.D.
Page 2

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2) above, individually and/or collectively, constitute "publishing a false, fraudulent, deceptive, or misleading statement," as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

Further, such acts, conduct, and/or omissions as alleged in paragraphs (1) and (2) above, individually and/or collectively, constitute "(v)iolating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, (Section 4731.22(B)(16), Ohio Revised Code, prior to March 17, 1987) to wit: Section 4731.281, Ohio Revised Code, and Rule 4731-10-03 and Rule 4731-10-08, Ohio Administrative Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice.

You are further advised that you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Henry G. Cramblett, M.D.
Secretary

HGC:jmb

Enclosures:

CERTIFIED MAIL #P 746 510 305
RETURN RECEIPT REQUESTED