

STATE OF OHIO
THE STATE MEDICAL BOARD

AGREEMENT

I, Charles F. Jividen, M.D., do hereby knowingly and voluntarily enter into the following agreement with the State Medical Board of Ohio:

1. I agree to appear before the State Medical Board of Ohio at the request and convenience of the Board at intervals of three (3) months, the first appearance to be three (3) months from the date this agreement is signed.
2. I will continue attending Alcoholics Anonymous, at the chapter of my choice, on a regular basis.
3. I will continue monthly counseling with a physician or psychiatrist of my choice.
4. I will obey all laws, rules and regulations of the United States, the State of Ohio and its political subdivisions.

I understand that my license is being returned to me upon the condition that I comply with these requirements.

I agree to comply with the requirements set forth above, with the understanding that a violation by me of any of the above conditions will constitute grounds for disciplinary action by the State Medical Board of Ohio concerning my certificate to practice medicine and surgery in the State of Ohio.

Charles F. Jividen M.D.
Charles F. Jividen, M.D.

400 E. State St.
Athens, Ohio
Address

E. M. Valentini
Witness

Christa G. Thomas
Witness

June 2, 1950
Date

Sworn to and signed before me this 2nd day of June, 1950.

Mary R. Roberts
Notary Public

MARY R. ROBERTS
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES JULY 25, 1952

VOLUNTARY SURRENDER OF LICENSE
TO PRACTICE MEDICINE AND SURGERY

I, CHARLES F. JIVIDEN, M.D., after being fully advised
of my rights, do hereby freely execute this document and choose
to take the actions described herein.

I, CHARLES F. JIVIDEN, M.D., do hereby voluntarily
surrender my license to practice medicine and surgery,
No. 14482, to the Ohio State Medical Board.

I understand that as a result of the surrender herein, that
I am no longer permitted to practice medicine or surgery in
any form or manner. *Effective Dec 19, 1979*

Signed this 26th day of Nov, 1979 in the office
of Dr. Chas F. Jividen.

W.D. Gussner
Ohio State Medical Board

C. Jividen M.D.

Witness

Sworn to and signed before me this 26 day of Nov, 1979.

I HEREBY CERTIFY THIS IS A TRUE COPY OF
DR. CHARLES F. JIVIDEN'S VOLUNTARY SURRENDER
OF HIS LICENSE TO PRACTICE MEDICINE AND
SURGERY IN OHIO.

Marilyn St. Brown
Notary Public
My Commission expires 2-15-80

William J. Lee 4-9-80
ADMINISTRATOR
STATE MEDICAL BOARD OF OHIO.

Mary R. Roberts
MARY R. ROBERTS
NOTARY PUBLIC, STATE OF OHIO
COMMISSION EXPIRES JULY 26, 1982