VOLUNTARY SURRENDER OF LICENSE

TO PRACTICE MEDICINE AND SURGERY

I, _____, 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, _____, M.D., do hereby voluntarily, knowingly, and intelligently surrender my license to practice medicine and surgery, No._____, to the Ohio State Medical Board because I have not completed the requisite number of C.M.E. hours during the 1987-1988 biennium.

I, Samuel Biern, Jr., M.D., do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 019858, 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 and surgery in any form or manner in the State of Ohio.

Signed this 22nd day of January, 1990 in the office of _____.

Samuel Biern Jr.

Jane M. Biern
WITNESS

Lina Salyers
WITNESS

Sworn to and signed before me this 22nd day of January, 1990.

Karen B. Mills
Notary Public

STATE OF WEST VIRGINIA
KAREN B. MILLS
HURRICANE, WV 25526
My Commission Expires Sept. 28, 1995
NOTARY PUBLIC
OFFICIAL SEAL

STATE MEDICAL BOARD
90 JAN 29 PM 2:27