

VOLUNTARY SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY

I, Stepas Sviderskas, M. D., am aware of my rights to representation by ⁸³ 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, Stepas Sviderskas, M. D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 22513, 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.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. 22513, or issuance of any other certificate pursuant to Chapters 4730. and 4731., Ohio Revised Code, on or after the date of signing this Voluntary Surrender of Certificate to Practice Medicine and Surgery.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order revoking my certificate to practice medicine and surgery, No. 22513, 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 medicine and surgery.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(3), Ohio Revised Code.

Signed this 2nd day of June, 19 ⁸⁸98 in the office of Attorney David M. Lowry, 411 Wolf Ledges Parkway, Akron, Ohio 44311

x Stepas Sviderskas
Stepas Sviderskas

Kath L. M. Nabb
WITNESS
Thom K. Shain
WITNESS

Sworn to and signed before me this 2nd day of June, 1988.
Lorri J. Knowlton
Notary Public

LORRI J. KNOWLTON, Notary Public
Residence - Summit County
State Wide Jurisdiction, Ohio
My Commission Expires Apr. 8, 1992

CONSENT AGREEMENT BETWEEN

STEPAS SVIDERSKAS, M.D.

AND

THE STATE MEDICAL BOARD OF OHIO

Stepas Sviderskas, M.D., knowingly and voluntarily enters into the following agreement with The State Medical Board of Ohio.

1. He agrees that he will refrain from prescribing or dispensing the following drugs:

Placidyl	Valium
Dexedrine	Ritalin
Percodan	Quaalude
Talwin	

until such time as the Ohio State Medical Board and myself mutually agree that this limitation on prescribing shall be terminated.

The terms and conditions of this agreement shall become effective on the 13th day of January, 1981.

January 13, 1981

Stepas Sviderskas, M.D.

S. Sviderskas

Anthony Ruppertsberg

Anthony Ruppertsberg, M.D.

Secretary, The State Medical Board of Ohio

1-13-81

Michael T. Kelly, witness

E. H. V. [Signature]