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

I, RAUL ALBERTO HERNANDEZ, 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, RAUL ALBERTO HERNANDEZ, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective upon last date of signature below.

I, RAUL ALBERTO HERNANDEZ, M.D., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 35-024198, to the State Medical Board of Ohio.

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. 35-024198 or issuance of any other certificate pursuant to Chapters 4730. or 4731., 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.

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I agree that I will not practice medicine and surgery in any other state within the United States of America.

I, RAUL ALBERTO HERNANDEZ, 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 Section 4731.22(B)(6), Ohio Revised Code.

Signed this 14th day of August, 1999.

Witness

Signature of Physician

Witness

Sworn to and subscribed before me this 14th day of August, 1999.

SEAL

Notary Public Atty at Law No Exp. Date

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(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

David S. Buchan, D.P.M.
Acting Secretary

Raymond J. Albert
Supervising Member

9-8-99
Date

9/2/99
Date