STATE MEDICAL BOARD OF OHIO
77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

IN THE MATTER OF :

:

JAMES E. MANN, M.D. :

Entry of Order

On April 4, 1991 James E. Mann, M.D., executed a Voluntary Surrender of his Certificate to Practice Medicine and Surgery with a consent to revocation, which document is attached hereto and fully incorporated herein.

In consideration of the foregoing and of Doctor Mann's express waiver of the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, it is hereby ORDERED that Certificate No. 24308 authorizing James E. Mann, M.D., to practice medicine and surgery be REVOKED, effective May 15, 1991.

This Order is hereby entered upon the Journal of the State Medical Board for the 15th day of May 1991, and the original thereof shall be kept with said Journal.

Henry G. Cramblett

Henry G. Cramblett, M.D.
Secretary

(SEAL)

5/2/91

Date

GOLD 23-S

VOLUNTARY SURRENDER OF CERTIFICATE

TO PRACTICE MEDICINE AND SURGERY

I, JAMES E. MANN, 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, JAMES E. MANN, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 24308, to the State Medical Board of Ohio, thereby relinquishing all rights to practice medicine and surgery in Ohio, effective May 15, 1991.

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, effective May 15, 1991.

I agree that effective immediately I shall surrender my registration with the United States Drug Enforcement Administration to prescribe, order, dispense, or administer controlled substances.

I further agree that effective immediately I shall not prescribe, order, dispense or administer any drug or medicine.

I further agree that effective immediately I shall not undertake the care of any patient not already under my care.

I further agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. 24308, or issuance of any other certificate pursuant to Chapters 4730. and 4731., Ohio Revised Code, on or after the effective date of this Voluntary Surrender of Certificate to Practice Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

Upon the effective date of this surrender, 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. 24308, 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, JAMES E. MANN, 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.

VOLUNTARY SURRENDER OF CERTIFICATE
JAMES E. MANN, M.D.
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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 as a result of my violation of Section 4731.22(B)(9), Ohio Revised Code, to wit: a judicial finding of guilt of nine (9) felony counts of Section 2925.23 (B)(1), Ohio Revised Code, in the Common Pleas Court, Lucas County, Ohio.

Signed this 4 day of April, 1991.

James E Mann M.D.
SIGNATURE OF PHYSICIAN

Jennifer Helmick
WITNESS

WITNESS

Sworn to and subscribed before me this 5 day of April, 1991.

(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

4/22/91
DATE

TIMOTHY S. JOST, ESQ.
SUPERVISING MEMBER

4/19/91
DATE