STATE OF OHIO
THE STATE MEDICAL BOARD

VOLUNTARY RETIREMENT FROM THE PRACTICE OF MEDICINE AND SURGERY

I, Peter Chou Yuen Tchen, 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, Peter Chou Yuen Tchen, do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective immediately.

I, Peter Chou Yuen Tchen, do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 35-024823, 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. 35-024823 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.

I, Peter Chou Yuen Tchen, 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 Sections 4731.22(A), (B)(5), (8) and (20).

Signed this 3rd day of April, 1992.

Peter Chou Yuen Tchen

Witness

Witness

Sworn to and subscribed before me this _____ day of _____, 199____.

Notary Public

SEAL

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

Secretary

4/16/92
Date

Supervising Member

April 8, 1992
Date

Revised 6/26/91

STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

March 11, 1992

Peter Chou Yuen Tchen, M.D.
15735 Euclid Avenue
Cleveland, OH 44112

Dear Doctor Tchen:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand or place you on probation for one or more of the following reasons:

(1) In applying for registration of your certificate to practice medicine or surgery for the current registration period, you certified that you had completed during the last registration period (January 1, 1989 through December 31, 1990) the requisite hours of Continuing Medical Education (CME), as required by Section 4731.281, Ohio Revised Code.

(2) By letter dated June 21, 1991 and sent certified mail, you were notified by the State Medical Board that you were required to complete a log listing your CME for the 1989-1990 registration period, and to provide documentation that you had actually completed at least forty (40) hours of Category I CME credits. This letter was returned to the State Medical Board unclaimed, as you had moved and left no forwarding address with the U.S. Postal Service. Further, you failed to provide written notice to the State Medical Board of a change of address within thirty days of the change, as required by Section 4731.281, Ohio Revised Code.

(3) By letter dated September 20, 1991 and sent certified mail, you were notified by the State Medical Board that you were required to complete a log listing your CME for the 1989-1990 registration period, and to provide documentation that you had actually completed at least forty (40) hours of Category 1 CME credits. In response thereto, you indicated that you had completely retired from your medical practice at the end of 1990 and had discarded your CME documentation during a move from Ohio to California.

Mailed 3/12/92

(4) By letter dated November 21, 1991 and sent certified mail, you were notified by the State Medical Board that all licensees must complete their CME obligation regardless of age or the extent of current professional activities. Additionally, you were given an opportunity to sign a voluntary retirement form in lieu of formal disciplinary proceedings. You failed to respond to this notice and submitted no documentation of CME completed during the 1989-1990 registration period and did not execute the proposed voluntary retirement form.

(5) Your failure to submit the required documentation as outlined in paragraphs (3) and (4) above rebuts the presumption that you did complete the requisite hours of Continuing Medical Education, and/or demonstrates that you failed to keep detailed records of CME taken.

Your acts in certifying to the State Medical Board that you had completed the statutorily required Continued Medical Education, as set forth in the above paragraph (1), when you had not, in fact, done so, constitute "fraud, misrepresentation, or deception in applying for or securing any license or certificate issued by the Board," as that clause is used in Section 4731.22(A), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (1) above, individually and/or collectively, constitute "publishing a false, fraudulent, deceptive, or misleading statement," as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (1) above, individually and/or collectively, constitute "the obtaining of, or attempting to obtain, money or anything of value by fraudulent misrepresentations in the course of practice," as that clause is used in Section 4731.22(B)(8), Ohio Revised Code.

Further, such failure to obtain the requisite Continuing Medical Education and submit documentation of same constitutes "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provisions of this chapter or any rule promulgated by the Board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Section 4731.281, Ohio Revised Code, and Rules 4731-10-03 and 4731-10-08, Ohio Administrative Code.

March 11, 1992

Further, such failure to provide written notice to the State Medical Board of a change of address within thirty days of the change constitutes "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provisions of this chapter or any rule promulgated by the Board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Section 4731.281, Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice.

You are further advised that you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Copies of the applicable sections are enclosed for your information.

Very truly yours,

Henry G. Cramblett MD

Henry G. Cramblett, M.D.
Secretary

HGC:jmb
Enclosures:

CERTIFIED MAIL #P 569 363 470
RETURN RECEIPT REQUESTED