

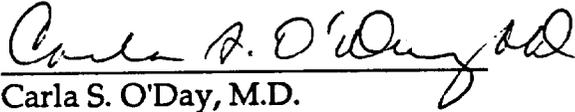
STATE MEDICAL BOARD OF OHIO

ACCEPTANCE OF IRREVOCABLE SURRENDER

IN THE MATTER OF

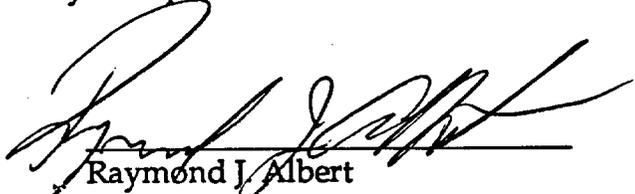
NEIL SOLOMON, M.D.

On behalf of the State Medical Board of Ohio, the undersigned hereby accept the irrevocable surrender of Ohio medical certificate number 25265 issued to Neil Solomon, M.D., tendered by letter dated October 28, 1993, with attachments, all elements of which are attached hereto and fully incorporated herein.



Carla S. O'Day, M.D.
Secretary

12/1/93
date



Raymond J. Albert
Supervising Member

12/1/93
date

NEIL SOLOMON
901 Dulaney Valley Road
Dulaney Center II
Towson, Maryland 21204

October 28, 1993

Ray Q. Bumgarner, J.D., Executive Director
Ohio State Medical Board
77 South High Street
17th Floor
Columbus, Ohio 43266-0315

Please accept the irrevocable surrender of my Medical License
in Ohio. Enclosed is a letter of surrender accepted in the State of
Maryland.



Neil Solomon
Neil Solomon

STATE MEDICAL BOARD
OF OHIO
93 NOV -8 PM 3:36

NEIL SOLOMON, M.D.
901 Dulaney Valley Road
Dulaney Center 2
Towson, Maryland 21204

October 27, 1993

STATE MEDICAL BOARD
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State of Maryland
Board of Physician Quality Assurance
4201 Patterson Avenue
P.O. Box 2571
Baltimore, Maryland 21215-0095

Re: Surrender of Medical License
of Neil Solomon, M.D.
License Number: D 12963
Case Number: 94-0104, 94-0105

Dear Mr. Gunther and Members of the Board:

Please be advised that I have decided to surrender my license to practice medicine in the State of Maryland, License Number D12963. I understand that I may not give medical advice or treatment to any individual, with or without compensation, cannot prescribe medications, or otherwise engage in the practice of medicine as it is defined in Md. Health Occ. Code Ann. §14-101 (1991 Replacement Volume). In other words, I understand that surrender of my license means that I am in the same position as an unlicensed individual.

I understand that this letter of surrender shall be considered a PUBLIC document immediately upon its acceptance by the Board of Physician Quality Assurance (the "Board"). I also understand that this surrender of my medical license is and shall be considered IRREVOCABLE.

My decision to surrender my license to practice medicine has been prompted by an investigation of my practice by the Board. The Board initiated this investigation after it received several complaints, and after it became aware of several civil actions filed against me by former patients, all of which alleged that I instigated improper sexual contact with patients during the physician/patient relationship.

I admit that for at least the past 20 years, I have used my position as a physician to instigate a wide range of sexual relations with at least eight women patients. This conduct included acts of sexual intercourse, as well as other explicit sex acts. These activities took place in my medical office during patient visits, as well as in other locations. I admit that I engaged in sexual misconduct with my patients during the physician/patient relationship. I admit that I engaged in this conduct with multiple patients over the same time period. I recognize that these patients developed a sense of trust,

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MEDICAL BOARD
OF OHIO

Mr. Gunther and Members of the Board
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confidence and dependence through the physician/patient relationship, and that I misused my influence as a physician and the trust my patients placed in me for my own sexual gratification. I admit that it was improper to engage in any sexual relationship with any patient.

The Board's investigation resulted in charges under the Maryland Medical Practice Act (the "Act"). Specifically, the Board, on October 13, 1993, voted to charge me with the commission of certain prohibited acts under Md. Health Occ. Code Ann. ("H.O.") §14-404, including the following:

Subject to the hearing provisions of §14-405 of this subtitle, the Board, on the affirmative vote of a majority of its full authorized membership, may reprimand and licensee, place an licensee on probation, or suspend or revoke a license if the licensee:

Is guilty of immoral or unprofessional conduct in the practice of medicine; [H.O. §14-404(a)(3)].

Furthermore, pursuant to State Gov't Code Ann. §10-226, the Board, on October 13, 1993, voted to consider SUMMARILY SUSPENDING my license to practice medicine in the State of Maryland.

On October 20, 1993, my attorney was personally served with an unexecuted copy of a proposed Order for Summary Suspension of my medical license, issued by the Board, which specified the charges in particularized detail. I affirm that I have received a copy of the unexecuted Order for Summary Suspension, and have otherwise been advised of the Board's actions through communications between representatives of the Office of the Attorney General and my legal counsel.

I have decided to surrender my license to practice medicine in the State of Maryland and in all other states where I maintain a license in lieu of summary suspension and revocation of my license by the Board.

I understand that pursuant to its authority under Md. Health Occ. Code Ann. §14-403, the Board has the authority to set conditions on its agreement to accept the surrender of my medical

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license. In addition to the above, I understand that as a condition of the Board's acceptance of this Letter of Surrender, I agree to the following:

1. Within seven days of the acceptance of this Letter of Surrender by the Board, I will submit irrevocable letters of surrender of my medical license to any other states, jurisdictions or countries where I have a medical license, or have any applications for licensure pending. In these irrevocable Letters of Surrender, I will fully advise the respective medical boards of the actions taken by the State of Maryland, and the basis of those actions. I agree to attach to those letters this Letter of Surrender. I agree to submit to the Board within thirty (30) days of the acceptance of this Letter of Surrender, proof it deems satisfactory that I have complied with this condition;

2. I will not under any circumstances apply for a medical license or a reinstatement of my medical license in the State of Maryland or in any other state, jurisdiction or country;

3. In the event that I apply for reinstatement of my medical license in Maryland or in any other state, jurisdiction, or country, the Board, in its sole discretion, may publicly release any and all information regarding the findings of its investigation into my conduct as a physician and my medical practice that would otherwise be confidential under applicable laws, including, but not limited to the unexecuted Order for Summary Suspension;

4. In the event that I make any public statements denying my unprofessional sexual misconduct with my patients, the Board, in its sole discretion, may publicly release any and all information regarding the findings of its investigation into my conduct as a physician and my medical practice that would otherwise be confidential under applicable laws, including, but not limited to the unexecuted Order for Summary Suspension.

I understand and agree that the Board will advise the Federation of State Medical Boards and the National Practitioners Data Bank of this Letter of Surrender, and that I surrendered my medical license in lieu of a summary suspension and a revocation of my medical licensure by the Board. I affirm that I am also currently licensed to practice medicine in the District of Columbia, and in the States of New York and Ohio. I acknowledge that on the date Board accepts this Letter of Surrender, the Board

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will send copies of this document to the respective medical boards of those jurisdictions.

I affirm that I have a current Maryland Controlled Dangerous Substances Registration Certificate M07437 issued by the Maryland Division of Drug Control; and that I have a current United States Drug Enforcement Administration ("DEA") Certificate for the State of Maryland, Certificate AS2376689, issued by the DEA.

I acknowledge that, on the date the Board accepts this Letter of Surrender, I must present to the Board:

1. Maryland License D12963, including any renewal certificates and wallet-sized renewal cards;
2. Maryland Controlled Dangerous Substances Certificate Number M07437 including any prescription pads bearing my name and any prescription ordering forms in my possession or under my control; and
3. United States DEA registration Certificate AS2376689.

I acknowledge that on the date that the Board accepts this Letter of Surrender, the Board will send a copy of this Letter of Surrender to both the State of Maryland Division of Drug Control and the United States DEA, attesting that I am surrendering my privilege to prescribe controlled dangerous substances in the State of Maryland. I further acknowledge that I will submit a signed, executed copy of DEA form 104, Voluntary Surrender of Controlled Substances Privileges, which will be forwarded to the United States DEA.

Finally, I wish to make clear that I have consulted with an attorney before signing this letter **IRREVOCABLY SURRENDERING** my license to practice medicine in the State of Maryland. I

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understand both the nature of the Board's actions and this Letter of Surrender fully. I make this decision knowingly and voluntarily.

Sincerely,

Neil Solomon M.D.
Neil Solomon M.D.

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VERIFICATION

STATE OF Maryland
CITY/COUNTY OF Carroll

I HEREBY CERTIFY that on this 27 day of October, 1993, before me, a Notary Public of the State of and City/County aforesaid, personally appeared Neil Solomon, M.D., and declared and affirmed under the penalties of perjury that signing the foregoing Irrevocable Letter of Surrender was his voluntary act and deed.

Carol A. Palmer
Notary Public

My Commission Expires: 8/1/94

On behalf of the Board of Physician Quality Assurance, on this 27th day of OCTOBER, 1993, I accept Neil Solomon, M.D.'s PUBLIC IRREVOCABLE surrender of his license to practice medicine in the State of Maryland.

Frank A. Gunther, Jr.
Frank A. Gunther, Jr., Vice Chair
Board of Physician Quality Assurance