

**VOLUNTARY RETIREMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY**

I, JOSEPH M. FOLEY, 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, JOSEPH M. FOLEY, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective immediately, after having been issued a Notice of Opportunity for Hearing letter on January 8, 1992, a copy of which is attached hereto and fully incorporated herein.

I, JOSEPH M. FOLEY, M.D., do hereby ADMIT the allegations contained in the aforementioned Notice of Opportunity for Hearing letter and as a result, do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 25346, to the Ohio State Medical Board.

I understand that I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio, and that I may not apply for reregistration, reinstatement, or restoration of this certificate or issuance of any other certificate pursuant to Chapters 4730. and 4731. of the Revised Code. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, JOSEPH M. FOLEY, 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.

STATE OF OHIO
MAY 11 1992

VOLUNTARY RETIREMENT
JOSEPH M. FOLEY, M.D.
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I stipulate and agree that I am taking this described action herein in lieu of formal disciplinary proceedings pursuant to Sections 4731.22 (A), 4731.22(B)(5) and 4731.22(B)(20), to wit: Section 4731.281, Ohio Revised Code and Rules 4731-10-03 and 4731-10-08, Ohio Administrative Code.

Signed this 29th day of APRIL, 1992.

Joseph M. Foley
SIGNATURE OF PHYSICIAN

Debra M. Costovic
WITNESS

Anna M. Pusch
WITNESS

Sworn to and subscribed before me this _____ day of _____,
19____.

(SEAL)

NOTARY PUBLIC

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

Carla S. O'Day
CARLA S. O'DAY, M.D.
SECRETARY

Ronald J. Kaplansky
RONALD J. KAPLANSKY, DPM
SUPERVISING MEMBER

5/21/92
DATE

5/16/92
DATE

5/21/92
11:41:28
11/11/92



STATE MEDICAL BOARD OF OHIO

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

January 8, 1992

Joseph Foley, M.D.
University Hospitals
Department of Neurology
Cleveland, OH 44106

Dear Doctor Foley:

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 by certified mail you were notified by the State Medical Board that you are required to complete a log listing your CME for the 1989-1990 registration period for purposes of an audit, and to provide documentation that you had actually completed at least 40 hours of Category I CME credits. On October 18, 1991, you were given, by letter sent certified mail, a second notice of the CME audit request. You have not responded to either notice. You have submitted no documentation of CME completed during the 1989-1990 registration period.
- (3) Your lack of response to the notices as detailed in the above Paragraph (2), 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.

Mailed 1/9/92

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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 those clauses are used in Section 4731.22(B)(5), 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 (Chapter 4731., Ohio Revised Code) 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.

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.

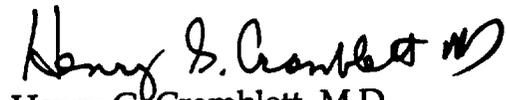
In the event that there is no request for such hearing received within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate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

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Copies of the applicable sections are enclosed for your information.

Very truly yours,

A handwritten signature in black ink that reads "Henry G. Cramblett" followed by a stylized flourish.

Henry G. Cramblett, M.D.
Secretary

HGC:jmb
Enclosures:

CERTIFIED MAIL #P 569 363 495
RETURN RECEIPT REQUESTED