

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :  
:  
THOMAS M. CHAPMAN, JR., M.D. :

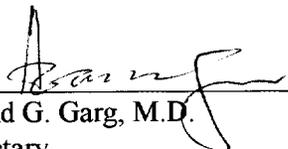
**ENTRY OF ORDER**

On November 20, 2000, Thomas M. Chapman, Jr., M.D. executed a Voluntary Surrender of his Certificate to practice medicine and surgery in the State of Ohio with a consent to revocation, which document is attached hereto and fully incorporated herein.

In consideration of the foregoing and of Dr. Chapman'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. 35-031744 authorizing Thomas M. Chapman, Jr., M.D., to practice medicine be permanently REVOKED, effective December 5, 2000.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 5th day of December, 2000, and the original thereof shall be kept with said Journal.

(seal)

  
\_\_\_\_\_  
Anand G. Garg, M.D.  
Secretary

12/12/00  
\_\_\_\_\_  
Date

OHIO STATE MEDICAL BOARD  
NOV 3 0 2000

**STATE OF OHIO  
THE STATE MEDICAL BOARD**

**PERMANENT SURRENDER OF CERTIFICATE  
TO PRACTICE MEDICINE AND SURGERY**

I, THOMAS M. CHAPMAN, JR., 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, THOMAS M. CHAPMAN, JR., M.D., do hereby voluntarily, knowingly, intelligently and permanently surrender my certificate to practice medicine and surgery, No. 35-031744, to the State Medical Board of Ohio, thereby relinquishing all rights to practice medicine and surgery in Ohio. This surrender shall be effective upon the date of the signed acceptance by the Secretary and Supervising Member of the State Medical Board of Ohio.

I understand that as a result of the surrender herein 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. 35-031744, or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, on or after the date of signing this Permanent 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.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order permanently revoking my certificate to practice medicine and surgery, No. 35-031744, 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, THOMAS M. CHAPMAN, JR., 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.

OHIO STATE MEDICAL BOARD  
NOV 30 2000

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(B)(9) and (B)(22), Ohio Revised Code.

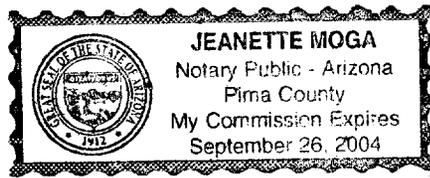
Signed this 20<sup>th</sup> day of November, 2000.

*Thomas M. Chapman, Jr., M.D.*  
THOMAS M. CHAPMAN, JR., M.D.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

Sworn to and subscribed before me this 20<sup>th</sup> day of November, 2000.



*Jeanette Moga*  
Notary Public

SEAL (This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

*Anand G. Garg, M.D.*  
ANAND G. GARG, M.D.  
SECRETARY

*Raymond J. Albert*  
RAYMOND J. ALBERT  
SUPERVISING MEMBER

12/05/00  
DATE

12/6/00  
DATE