

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :  
:  
ROBERT GERALD WORKMAN, MD. :

**ENTRY OF ORDER**

On October 15, 2007, Robert Gerald Workman, M.D., executed a Surrender of his certificate to practice medicine and surgery in Ohio with consent to revocation, which document is attached hereto and fully incorporated herein.

Wherefore, upon ratification by the Board of the surrender, it is hereby ORDERED that Certificate No. 35-034048 authorizing Robert Gerald Workman, M.D., to practice medicine and surgery in the state of Ohio be permanently REVOKED, effective November 14, 2007.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 14<sup>th</sup> day of November 2007, and the original thereof shall be kept with said Journal.



Lance A. Talmage, M.D.  
Secretary

(SEAL)

November 14, 2007  
Date

STATE MEDICAL BOARD  
OF OHIO

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**STATE OF OHIO  
THE STATE MEDICAL BOARD  
SURRENDER OF CERTIFICATE  
TO PRACTICE MEDICINE AND SURGERY**

I, Robert Gerald Workman, 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, Robert Gerald Workman, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 35.034048, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice medicine and surgery in 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 a certificate to practice medicine and surgery No. 35.034048 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 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. 35.034048, 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.

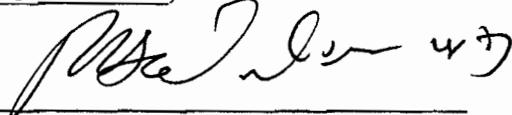
I, Robert Gerald Workman, M.D., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

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, Robert G. Workman, M.D., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

It is expressly understood that this Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

I stipulate and agree that I am taking the action described herein in lieu of further investigation pursuant to Section 4731.22(B)(26).

Signed this 15 day of October, 2007.



ROBERT GERALD WORKMAN, M.D.



WITNESS



WITNESS

Sworn to and subscribed before me this 15 day of October, 2007.



CORY J. BUTT  
Notary Public, State of Ohio  
My Commission Expires  
April 3, 2010

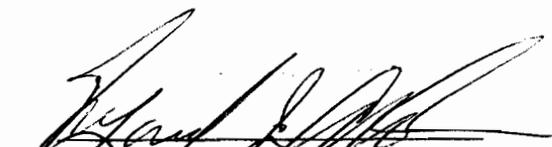


NOTARY PUBLIC

(This form must be either witnessed OR notarized)



LANCE A. TALMAGE, M.D.  
SECRETARY



RAYMOND J. ALBERT  
SUPERVISING MEMBER

11-14-07  
DATE

11/15/07  
DATE

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STATE MEDICAL BOARD  
OF OHIO