BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :

:

JOHN LOUIS RATZ, M.D. :

**ENTRY OF ORDER**

On March 26, 2014, John Louis Ratz, M.D., executed a Surrender of his license to practice medicine and surgery in Ohio with consent to permanent 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. 35-039995 authorizing John Louis Ratz, M.D., to practice medicine and surgery in the state of Ohio be permanently REVOKED.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 9th day of April 2014, and the original thereof shall be kept with said Journal.

Lance A. Talmage, M.D.
Acting Secretary

(SEAL)

April 9, 2014
Date

**STATE OF OHIO**
**THE STATE MEDICAL BOARD**
**PERMANENT SURRENDER OF CERTIFICATE**
**TO PRACTICE MEDICINE AND SURGERY**
**CASE NO. 13 CRF-082**

**Do not sign this agreement without reading it. An individual who permanently surrenders a certificate issued by the Board is forever thereafter ineligible to hold a certificate to practice or to apply to the Board for reinstatement of the certificate or issuance of any new certificate. You are permitted to be accompanied, represented and advised by an attorney, at your own expense, before deciding to sign this voluntary agreement.**

I, John Louis Ratz, 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, John Louis Ratz, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, License # 35.039995, to the Board, thereby relinquishing all rights to practice medicine and surgery in Ohio. I understand that as a result of the surrender herein I will no longer be permitted to practice medicine and surgery in any form or manner in the State of Ohio in the future.

I agree that I shall be ineligible for, and shall not apply for, reinstatement or restoration of certificate to practice medicine and surgery License #35.039995 or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, 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, License #35.039995, 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, John Louis Ratz, 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, John Louis Ratz, 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.

I stipulate and agree that I am taking the action described herein in lieu of further formal disciplinary proceedings in Case No. 13-CRF-082, pursuant to Section 4731.22(B)(22), Ohio Revised Code, as set forth in the Notice of Opportunity for Hearing issued by the Board on September 12, 2013, a copy of which is attached hereto as Exhibit A and fully incorporated herein.

**EFFECTIVE DATE**

It is expressly understood that this Permanent 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.

JOHN LOUIS RATZ, M.D.

3-26-14
DATE

~~J. CRAIG STRAFFORD, M.D., M.P.H.~~
~~Secretary~~ Lance A. Talmage, M.D.
Acting Secretary

4-9-14
DATE

LEAH McNEELY
Counsel for Dr. Ratz

3/31/14
DATE

MARK A. BECHTEL, M.D.
Supervising Member

4-9-2014
DATE

KYLE C. WILCOX
Assistant Attorney General

4-4-14
DATE

EXHIBIT A

# State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

(614) 466-3934 med.ohio.gov

September 12, 2013

Case number: 13-CRF- 082

John L. Ratz, M.D.
W319S3514 Squire Road
Waukesha, WI 53189

Dear Doctor Ratz:

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

(1) The Minnesota Board of Medical Practice [Minnesota Board] issued a Stipulation and Order for Voluntary Surrender effective on or about May 11, 2013, whereby the Minnesota Board entered an order that you shall voluntarily surrender your license to practice medicine and surgery in the State of Minnesota. The voluntary surrender was based upon the facts that in August 2012, the Minnesota Board referred you to the Health Professionals Services Program [HPSP], in St. Paul, Minnesota, for evaluation and monitoring of your recovery. In October 2012, HPSP sent a proposed Participation Agreement and Monitoring Plan to you for your review and signature. On October 31, 2012, HPSP notified the Minnesota Board that your file had been closed, after you declined to enroll in HPSP. Further, in 2012, you completed a chemical dependency assessment, as required by the Wisconsin court system, which indicated that you minimized your alcohol use and recommended that you abstain from chemical use, develop a sober support system, and improve your skills in coping with other health conditions that may influence your dependence on alcohol. You have denied a dependency on alcohol or other substances and, as stated above, chose to voluntarily surrender your medical license in Minnesota. A copy of the Minnesota Board's Stipulation and Order for Voluntary Surrender is attached hereto and incorporated herein.

The Minnesota Board's Stipulation and Order for Voluntary Surrender as alleged in paragraph (1) above, constitutes "[a]ny of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender;

Mailed 9-12-13

denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in Section 4731.22(B)(22), 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 days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, 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 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, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,

J. Craig Strafford MD MPH

J. Craig Strafford, M.D., M.P.H.
Secretary

JCS/MAP/pev
Enclosures

CERTIFIED MAIL #91 7108 2133 3936 3067 4592
RETURN RECEIPT REQUESTED

# MINNESOTA BOARD OF MEDICAL PRACTICE

*University Park Plaza • 2829 University Avenue SE Suite 500 • Minneapolis, MN 55414-3246*
*Telephone (612) 617-2130 • Fax (612) 617-2166 • www.bmp.state.mn.us*
*MN Relay Service for Hearing Impaired (800) 627-3529*


## CERTIFICATION OF DISCIPLINARY ACTION

ORDER DATED: May 11, 2013

IN THE MATTER OF: John L. Ratz, M.D.

CITY AND STATE: Genesee, WI 53189

*I, Robert Leach, Executive Director of the Minnesota Board of Medical Practice, do hereby certify that the attached Board Order is a copy of the original official record on file in the office of the Minnesota Board of Medical Practice. As Executive Director, I am the official custodian of such documents and I have personally compared the attached copy with the original and find it to be a true and correct copy thereof.*

*Robert A. Leach,*
*Executive Director*
*Minnesota Board of Medical Practice*

(SEAL)

MEDICAL BOARD
JUL 15 2013


AN EQUAL OPPORTUNITY EMPLOYER
PRINTED ON RECYCLED PAPER

TRUE AND EXACT
COPY OF ORIGINAL

BEFORE THE MINNESOTA

BOARD OF MEDICAL PRACTICE

In the Matter of the
Medical License of
John L. Ratz, M.D.
Year of Birth: 1947
License Number: 40,333

STIPULATION AND ORDER
FOR VOLUNTARY SURRENDER

IT IS HEREBY STIPULATED AND AGREED, by and between John L. Ratz, M.D. ("Respondent"), and the Complaint Review Committee ("Committee") of the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Although aware of his right to representation, Respondent has knowingly and expressly waived that right. The Committee was represented by Geoffrey S. Karls, Assistant Attorney General, 1400 Bremer Tower, 445 Minnesota Street, St. Paul, Minnesota 55101, (651) 296-7575.

FACTS

3. For the purpose of this Stipulation, the Board may consider the following facts as true:

a. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on November 15, 1997. Respondent is board-certified in dermatology.

MEDICAL BOARD
JUL 15 2013



Mar 14 13 07:26a John Louis Ratz, M.D. 2629682456 p.1

Respondent has also been licensed in Delaware, Florida, Georgia, Illinois, Indiana, Louisiana, New Hampshire, Ohio, Pennsylvania, and Wisconsin.

b. In May 2012, Respondent submitted an Application for Physician License Renewal form to the Board and reported that, since his last renewal, he had been convicted of Operating While Intoxicated ("OWI") in the State of Wisconsin and required to complete a chemical health assessment and undergo outpatient treatment for alcohol dependency.

c. In August 2012, the Board referred Respondent to the Health Professionals Services Program ("HPSP"), St. Paul, Minnesota, for evaluation and monitoring of his recovery.

d. In October 2012, HPSP sent a proposed Participation Agreement and Monitoring Plan to Respondent for his review and signature. Under the terms of the proposed monitoring plan, Respondent was required, in part, to abstain from alcohol and all mood-altering substances, obtain a psychiatric assessment and follow all treatment recommendations, attend self-help group program meetings at least twice per week, attend a professional support group meeting at least once per month, and submit to random biological fluid screens on a periodic basis at the request of HPSP.

e. On October 31, 2012, HPSP notified the Board that Respondent's file had been closed, after Respondent declined to enroll in HPSP.

f. On October 31, 2012, the Complaint Review Committee reviewed the matter and recommended that Respondent appear before the Committee to discuss his OWI, history of chemical dependency, and current health status.

g. On February 13, 2013, Respondent met with the Complaint Review Committee and confirmed his conviction for OWI in the State of Wisconsin based upon a blood

MEDICAL BOARD
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alcohol level of 0.15. Respondent denied a dependency on alcohol or other substances, but acknowledged that he had been drinking when arrested and charged with reckless driving in 2000 and 2007. Respondent reported that he had completed a chemical dependency assessment in 2012, as required by the Wisconsin court system. The assessment indicated that Respondent minimized his alcohol use and recommended that Respondent abstain from chemical use, develop a sober support system, and improve his skills in coping with other health conditions that may influence his dependence on alcohol.

## STATUTES

4. The Committee views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(l) (inability to practice due to illness or impairment) (2012), and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action under these statutes.

## REMEDY

5. Upon this Stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an order as follows:

a. Respondent shall **VOLUNTARILY SURRENDER** his license to practice medicine and surgery in the State of Minnesota.

b. Upon Respondent's surrender of his license to practice medicine and surgery in Minnesota, the Board agrees to close its files in this matter.

c. Should Respondent seek re-licensure in Minnesota, the Board may reopen its investigation.

MEDICAL BOARD
JUL 15 2013

6. Respondent is aware that this Stipulation and Order will be disseminated to all states. Upon request, the Board may share its investigative data with the requesting state.

7. Within ten days of signing the Stipulation to this Order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges, a list of all states in which Respondent is licensed or has applied for licensure, and the addresses and telephone numbers of Respondent's residences. Within seven (7) days of any change, Respondent shall provide the Board with the new address and telephone information. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 500, Minneapolis, Minnesota 55414-3246.

8. In the event the Board in its discretion does not approve this settlement, this Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this Stipulation and if this case proceeds to hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation or of any records relating hereto.

9. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the Stipulation shall be the final order herein.

10. Respondent hereby acknowledges that he has read and understands this Stipulation and has voluntarily entered into the Stipulation without threat or promise by the Board or any of its members, employees, or agents. This Stipulation contains the entire

MEDICAL BOARD
JUL 15 2013

agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Stipulation.

Dated: 5-14-13

JOHN L. RATZ, M.D.
Respondent

Dated: 5/11/13

FOR THE COMMITTEE

**ORDER**

Upon consideration of this Stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this Stipulation are adopted and implemented by the Board this 11th day of May, 2013.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By:

MEDICAL BOARD
JUL 15 2013

## AFFIDAVIT OF SERVICE BY U.S. MAIL

**Re: In the Matter of the Medical License of John L. Ratz, M.D.**
**License No. 40,333**

STATE OF MINNESOTA )
) ss.
COUNTY OF RAMSEY )

SANDRA SYLVESTER, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on May 13, 2013, she caused to be served the STIPULATION AND ORDER FOR VOLUNTARY SURRENDER, by depositing the same in the United States mail at said city and state, a true and correct copy thereof, properly enveloped with prepaid first class postage, and addressed to:

**PERSONAL & CONFIDENTIAL**

John Ratz, M.D.
W319S3514 Squire Road
Genesee, WI 53189

SANDRA SYLVESTER

Subscribed and sworn to before me on
May 13, 2013.

NOTARY PUBLIC

DEBORAH A. BASTYR
NOTARY PUBLIC - MINNESOTA
MY COMMISSION
EXPIRES JAN. 31, 2015

MEDICAL BOARD
JUL 15 2013

# State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

(614) 466-3934 med.ohio.gov


September 12, 2013

Case number: 13-CRF- 082

John L. Ratz, M.D.
W319S3514 Squire Road
Waukesha, WI 53189

Dear Doctor Ratz:

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

(1) The Minnesota Board of Medical Practice [Minnesota Board] issued a Stipulation and Order for Voluntary Surrender effective on or about May 11, 2013, whereby the Minnesota Board entered an order that you shall voluntarily surrender your license to practice medicine and surgery in the State of Minnesota. The voluntary surrender was based upon the facts that in August 2012, the Minnesota Board referred you to the Health Professionals Services Program [HPSP], in St. Paul, Minnesota, for evaluation and monitoring of your recovery. In October 2012, HPSP sent a proposed Participation Agreement and Monitoring Plan to you for your review and signature. On October 31, 2012, HPSP notified the Minnesota Board that your file had been closed, after you declined to enroll in HPSP. Further, in 2012, you completed a chemical dependency assessment, as required by the Wisconsin court system, which indicated that you minimized your alcohol use and recommended that you abstain from chemical use, develop a sober support system, and improve your skills in coping with other health conditions that may influence your dependence on alcohol. You have denied a dependency on alcohol or other substances and, as stated above, chose to voluntarily surrender your medical license in Minnesota. A copy of the Minnesota Board's Stipulation and Order for Voluntary Surrender is attached hereto and incorporated herein.

The Minnesota Board's Stipulation and Order for Voluntary Surrender as alleged in paragraph (1) above, constitutes "[a]ny of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender;

Mailed 9-12-13

denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in Section 4731.22(B)(22), 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 days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, 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 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, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,

J. Craig Strafford MD MPH

J. Craig Strafford, M.D., M.P.H.
Secretary

JCS/MAP/pev
Enclosures

CERTIFIED MAIL #91 7108 2133 3936 3067 4592
RETURN RECEIPT REQUESTED

# MINNESOTA BOARD OF MEDICAL PRACTICE

*University Park Plaza • 2829 University Avenue SE Suite 500 • Minneapolis, MN 55414-3246*
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CERTIFICATION OF DISCIPLINARY ACTION

ORDER DATED: May 11, 2013

IN THE MATTER OF: John L. Ratz, M.D.

CITY AND STATE: Genesee, WI 53189

*I, Robert Leach, Executive Director of the Minnesota Board of Medical Practice, do hereby certify that the attached Board Order is a copy of the original official record on file in the office of the Minnesota Board of Medical Practice. As Executive Director, I am the official custodian of such documents and I have personally compared the attached copy with the original and find it to be a true and correct copy thereof.*

*Robert A. Leach,*
*Executive Director*
*Minnesota Board of Medical Practice*

(SEAL)

MEDICAL BOARD
JUL 15 2013


AN EQUAL OPPORTUNITY EMPLOYER
PRINTED ON RECYCLED PAPER

TRUE AND EXACT
COPY OF ORIGINAL

BEFORE THE MINNESOTA

BOARD OF MEDICAL PRACTICE

In the Matter of the
Medical License of
John L. Ratz, M.D.
Year of Birth: 1947
License Number: 40,333

STIPULATION AND ORDER
FOR VOLUNTARY SURRENDER

IT IS HEREBY STIPULATED AND AGREED, by and between John L. Ratz, M.D. ("Respondent"), and the Complaint Review Committee ("Committee") of the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Although aware of his right to representation, Respondent has knowingly and expressly waived that right. The Committee was represented by Geoffrey S. Karls, Assistant Attorney General, 1400 Bremer Tower, 445 Minnesota Street, St. Paul, Minnesota 55101, (651) 296-7575.

FACTS

3. For the purpose of this Stipulation, the Board may consider the following facts as true:

a. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on November 15, 1997. Respondent is board-certified in dermatology.

MEDICAL BOARD
JUL 15 2013



Mar 14 13 07:26a John Louis Ratz, M.D. 2679682456 p.1

Respondent has also been licensed in Delaware, Florida, Georgia, Illinois, Indiana, Louisiana, New Hampshire, Ohio, Pennsylvania, and Wisconsin.

b. In May 2012, Respondent submitted an Application for Physician License Renewal form to the Board and reported that, since his last renewal, he had been convicted of Operating While Intoxicated ("OWI") in the State of Wisconsin and required to complete a chemical health assessment and undergo outpatient treatment for alcohol dependency.

c. In August 2012, the Board referred Respondent to the Health Professionals Services Program ("HPSP"), St. Paul, Minnesota, for evaluation and monitoring of his recovery.

d. In October 2012, HPSP sent a proposed Participation Agreement and Monitoring Plan to Respondent for his review and signature. Under the terms of the proposed monitoring plan, Respondent was required, in part, to abstain from alcohol and all mood-altering substances, obtain a psychiatric assessment and follow all treatment recommendations, attend self-help group program meetings at least twice per week, attend a professional support group meeting at least once per month, and submit to random biological fluid screens on a periodic basis at the request of HPSP.

e. On October 31, 2012, HPSP notified the Board that Respondent's file had been closed, after Respondent declined to enroll in HPSP.

f. On October 31, 2012, the Complaint Review Committee reviewed the matter and recommended that Respondent appear before the Committee to discuss his OWI, history of chemical dependency, and current health status.

g. On February 13, 2013, Respondent met with the Complaint Review Committee and confirmed his conviction for OWI in the State of Wisconsin based upon a blood

MEDICAL BOARD
JUL 15 2013

alcohol level of 0.15. Respondent denied a dependency on alcohol or other substances, but acknowledged that he had been drinking when arrested and charged with reckless driving in 2000 and 2007. Respondent reported that he had completed a chemical dependency assessment in 2012, as required by the Wisconsin court system. The assessment indicated that Respondent minimized his alcohol use and recommended that Respondent abstain from chemical use, develop a sober support system, and improve his skills in coping with other health conditions that may influence his dependence on alcohol.

## STATUTES

4. The Committee views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(l) (inability to practice due to illness or impairment) (2012), and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action under these statutes.

## REMEDY

5. Upon this Stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an order as follows:

a. Respondent shall **VOLUNTARILY SURRENDER** his license to practice medicine and surgery in the State of Minnesota.

b. Upon Respondent's surrender of his license to practice medicine and surgery in Minnesota, the Board agrees to close its files in this matter.

c. Should Respondent seek re-licensure in Minnesota, the Board may reopen its investigation.

MEDICAL BOARD
JUL 15 2013

6. Respondent is aware that this Stipulation and Order will be disseminated to all states. Upon request, the Board may share its investigative data with the requesting state.

7. Within ten days of signing the Stipulation to this Order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges, a list of all states in which Respondent is licensed or has applied for licensure, and the addresses and telephone numbers of Respondent's residences. Within seven (7) days of any change, Respondent shall provide the Board with the new address and telephone information. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 500, Minneapolis, Minnesota 55414-3246.

8. In the event the Board in its discretion does not approve this settlement, this Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this Stipulation and if this case proceeds to hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation or of any records relating hereto.

9. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the Stipulation shall be the final order herein.

10. Respondent hereby acknowledges that he has read and understands this Stipulation and has voluntarily entered into the Stipulation without threat or promise by the Board or any of its members, employees, or agents. This Stipulation contains the entire

MEDICAL BOARD
JUL 15 2013

agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Stipulation.

Dated: 2-14-13

JOHN L. RATZ, M.D.
Respondent

Dated: 5/11/13

FOR THE COMMITTEE

**ORDER**

Upon consideration of this Stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this Stipulation are adopted and implemented by the Board this 11th day of May, 2013.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By:

MEDICAL BOARD
JUL 15 2013

## AFFIDAVIT OF SERVICE BY U.S. MAIL

**Re: In the Matter of the Medical License of John L. Ratz, M.D.**
**License No. 40,333**

STATE OF MINNESOTA )
) ss.
COUNTY OF RAMSEY )

SANDRA SYLVESTER, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on May 13, 2013, she caused to be served the STIPULATION AND ORDER FOR VOLUNTARY SURRENDER, by depositing the same in the United States mail at said city and state, a true and correct copy thereof, properly enveloped with prepaid first class postage, and addressed to:

**PERSONAL & CONFIDENTIAL**

John Ratz, M.D.
W319S3514 Squire Road
Genesee, WI 53189

SANDRA SYLVESTER

Subscribed and sworn to before me on
May 13, 2013.

NOTARY PUBLIC

DEBORAH A. BASTYR
NOTARY PUBLIC - MINNESOTA
MY COMMISSION
EXPIRES JAN. 31, 2015

MEDICAL BOARD
JUL 15 2013

STATE MEDICAL BOARD
OF OHIO

2008 JAN -7 P 2: 19

# CONSENT AGREEMENT
# BETWEEN
# JOHN LOUIS RATZ, M.D.
# AND
# THE STATE MEDICAL BOARD OF OHIO

This Consent Agreement is entered into by and between John Louis Ratz, M.D., [Dr. Ratz], and the State Medical Board of Ohio [Board], a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

Dr. Ratz enters into this Consent Agreement being fully informed of his rights under Chapter 119., Ohio Revised Code, including the right to representation by counsel and the right to a formal adjudicative hearing on the issues considered herein.

## BASIS FOR ACTION

This Consent Agreement is entered into on the basis of the following stipulations, admissions and understandings:

A. The Board is empowered by Section 4731.22(B)(22), Ohio Revised Code, to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate for "[a]ny of the following actions taken by the agency responsible for regulating the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or the limited branches of medicine in another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand."

B. The Board enters into this Consent Agreement in lieu of formal proceedings based upon the violation of Section 4731.22(B)(22), Ohio Revised Code, as set forth in Paragraph E, below, and expressly reserves the right to institute formal proceedings based upon any other violations of Chapter 4731. of the Revised Code, whether occurring before or after the effective date of this Consent Agreement.

C. Dr. Ratz is licensed to practice medicine and surgery in the state of Ohio. License # 35.039995.

D. Dr. Ratz states that he is also licensed to practice medicine and surgery in the states of Delaware, Florida, Georgia, Illinois, Louisiana, Minnesota, Pennsylvania, and Wisconsin.

E. Dr. Ratz admits that on or about November 18, 2004, the Florida Board of Medicine issued a Notice of Intent to Approve Licensure with Conditions [Florida Action] based upon misrepresenting or concealing a material fact at any time during any phase of a licensing or disciplinary process or procedure. Further, Dr. Ratz declares that he failed to correctly answer question number forty-five on his Florida licensure application, which inquired whether Dr. Ratz had participated in psychiatric treatment within the past five years. Dr. Ratz states as a result of the Florida Action, he was ordered to submit a new application fee, pay an administrative fine of $5000.00, and enter into an advocacy contract with the Florida Professional's Resource Network [PRN] and remain in compliance with any and all terms of the PRN advocacy contract.

Dr. Ratz admits that his advocacy contract with PRN provides, *inter alia*, the following terms: psychiatric treatment; abstention from use of medications, alcohol, and other mood altering substances when therapeutically indicated; participation in a random urine drug and/or blood screen program when therapeutically indicated; quarterly updates to the PRN; and provide appropriate signed release forms for all laboratory results, treatment center records, hospital records, physician and therapist reports, and other written and verbal information required to comply with these requests. Dr. Ratz further acknowledges that the PRN advocacy contract, effective September 8, 2004, will remain in place for a total duration of five years with renewal subject to review by the PRN of the case sixty days prior to the expiration date.

## AGREED CONDITIONS

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, Dr. Ratz knowingly and voluntarily agrees with the Board to the following PROBATIONARY terms, conditions and limitations:

1. Dr. Ratz shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Ohio.

2. Dr. Ratz shall obey and remain in compliance with all terms agreed to in the PRN advocacy contract.

3. Dr. Ratz shall notify the Board within thirty days upon his return to Ohio, and shall refrain from commencing practice in Ohio without prior written Board approval. Moreover, should Dr. Ratz commence practice in Ohio, the Board may place his certificate under additional probationary terms, conditions, or limitations.

4. Dr. Ratz shall submit quarterly declarations under penalty of Board disciplinary action or criminal prosecution, stating whether there has been compliance with all the conditions of this Consent Agreement. The first quarterly declaration must be

received in the Board's offices on the first day of the third month following the month in which this Consent Agreement becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.

5. In the event Dr. Ratz is found by the Secretary of the Board to have failed to comply with any provision of this Consent Agreement, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Consent Agreement.

6. Dr. Ratz shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Dr. Ratz's psychiatric or mental health related conditions, or for purposes of complying with this Consent Agreement, whether such treatment or evaluation occurred before or after the effective date of this Consent Agreement. The above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43 of the Ohio Revised Code and are confidential pursuant to statute. Dr. Ratz further agrees to provide the Board written consent permitting any treatment provider from whom he obtains treatment to notify the Board in the event he fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Consent Agreement.

7. Within thirty days of the effective date of this Consent Agreement, Dr. Ratz shall provide a copy of this Consent Agreement to all employers or entities with which he is under contract to provide health care services or is receiving training; and the Chief of Staff at each hospital where he has privileges or appointments. Further, Dr. Ratz shall provide a copy of this Consent Agreement to all employers or entities with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments.

8. Within thirty days of the effective date of this Consent Agreement, Dr. Ratz shall provide a copy of this Consent Agreement by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license. Dr. Ratz further agrees to provide a copy of this Consent Agreement by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for any professional license or for reinstatement of any professional license. Further, Dr. Ratz shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.

9. Dr. Ratz shall provide a copy of this Consent Agreement to all persons and entities that provide Dr. Ratz treatment and/or monitoring.

## FAILURE TO COMPLY

If, in the discretion of the Secretary and Supervising Member of the Board, Dr. Ratz appears to have violated or breached any term or condition of this Consent Agreement, the Board reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including, but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this Consent Agreement.

If the Secretary and Supervising Member of the Board determine that there is clear and convincing evidence that Dr. Ratz has violated any term, condition or limitation of this Consent Agreement, Dr. Ratz agrees that the violation, as alleged, also constitutes clear and convincing evidence that his continued practice presents a danger of immediate and serious harm to the public for purposes of initiating a summary suspension pursuant to Section 4731.22(G), Ohio Revised Code.

## DURATION/MODIFICATION OF TERMS

Dr. Ratz shall not request termination of this Consent Agreement for a minimum of two years. In addition, Dr. Ratz shall not request modification to the probationary terms, limitations, and conditions contained herein for at least one year. Otherwise, the above-described terms, limitations and conditions may be amended or terminated in writing at any time upon the agreement of both parties.

## ACKNOWLEDGMENTS/LIABILITY RELEASE

Dr. Ratz acknowledges that he has had an opportunity to ask questions concerning the terms of this Consent Agreement and that all questions asked have been answered in a satisfactory manner.

Any action initiated by the Board based on alleged violations of this Consent Agreement shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

Dr. Ratz hereby releases the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This Consent Agreement 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. Dr. Ratz acknowledges that his social security number will be used if this information is so reported and agrees to provide his social security number to the Board for such purposes.

**EFFECTIVE DATE**

It is expressly understood that this Consent Agreement 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.

JOHN LOUIS RATZ, M.D.

1-3-08
DATE

LANCE A. TALMAGE, M.D.
Secretary

2-13-08
DATE

RAYMOND J. ALBERT
Supervising Member

2/13/08
DATE

DANIEL S. ZINSMASTER
Enforcement Attorney

1-8-2008
DATE

STATE MEDICAL BOARD
OF OHIO
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