

BEFORE THE STATE MEDICAL BOARD OF OHIO

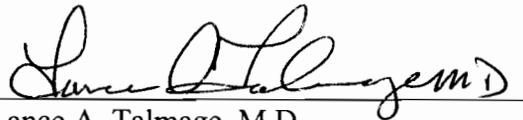
IN THE MATTER OF :  
:  
JAMES W. LIPSCOMB, M.D. :

**ENTRY OF ORDER**

On October 30, 2006, James W. Lipscomb, M.D., executed a Surrender of his Certificate to practice medicine and surgery in the State of 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. 35-042471 authorizing James W. Lipscomb, M.D., to practice medicine and surgery be permanently REVOKED, effective November 8, 2006.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 8<sup>th</sup> day of November 2006, and the original thereof shall be kept with said Journal.



Lance A. Talmage, M.D.  
Secretary

(SEAL)

November 8, 2006  
Date

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

I, James W. Lipscomb, 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, James W. Lipscomb, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 35.042471, 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 certificate to practice medicine and surgery No. 35.042471 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 further agree that I shall not apply for a certificate to practice medicine and surgery, or the equivalent of such, in any state or jurisdiction, nor practice medicine or surgery in any state or jurisdiction, on or after the date of signing this Surrender of Certificate to Practice Medicine and Surgery. In addition, I certify that I do not hold a certificate to practice medicine and surgery, or the equivalent of such, in any other state or jurisdiction, and further certify that I have no pending applications for such a certificate or its equivalent.

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. 35.042471, 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.

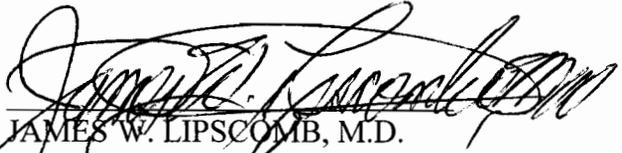
I, James W. Lipscomb, M.D., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

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, James W. Lipscomb, 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.

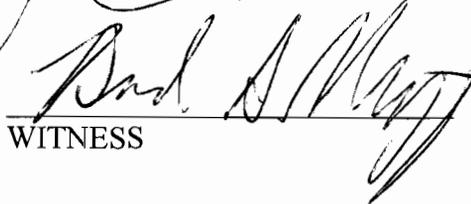
It is expressly understood that this Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

I stipulate and agree that I am taking the action described herein in lieu of further investigation and/or disciplinary proceedings pursuant to Section 4731.22(B)(19), Ohio Revised Code, based upon my admission that, due to hearing loss, I am no longer able to practice medicine and surgery according to acceptable and prevailing standards of care.

Signed this 20<sup>th</sup> day of October, 2006.

  
JAMES W. LIPSCOMB, M.D.

  
WITNESS

  
WITNESS

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

SEAL

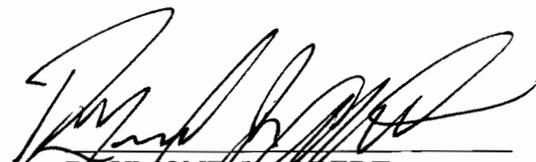
\_\_\_\_\_  
NOTARY PUBLIC

**(This form must be either witnessed OR notarized)**

Surrender of Certificate  
James W. Lipscomb, M.D.  
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LANCE A. TALMAGE, M.D.  
SECRETARY

11-09-06  
DATE

  
\_\_\_\_\_  
RAYMOND J. ALBERT  
SUPERVISING MEMBER

11/9/06  
DATE