

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

I, David Frederick Mitchell, 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, David Frederick Mitchell, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, License #35-043726, 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, License #35-043726, 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, David Frederick Mitchell, 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, David Frederick Mitchell, 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 investigation pursuant to Section 4731.22(B)(26), Ohio Revised Code.

OHIO STATE MEDICAL BOARD

MAR 20 2008

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Surrender of Certificate
David Frederick Mitchell, M.D.

EFFECTIVE DATE

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.



DAVID FREDERICK MITCHELL, M.D.



LANCE A. TALMAGE, M.D.
Secretary

2/29/08

DATE

4-9-08

DATE



JOHN HOFFMAN, ESQ.
Attorney for David Frederick Mitchell, M.D.



RAYMOND J. ALBERT
Supervising Member

2-29-08

DATE

4/9/08

DATE



KAREN MORTLAND
Enforcement Attorney

3/20/08

DATE

OHIO STATE MEDICAL BOARD

MAR 20 2008

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