

**STATE OF OHIO
THE STATE MEDICAL BOARD
WILLIAM W. SPRICH, M.D.
PERMANENT SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY**

I, William W. Sprich, 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, after being fully advised by legal counsel.

I, William W. Sprich, M.D., do hereby voluntarily, knowingly, intelligently, and permanently surrender my certificate to practice medicine and surgery, No. 35-044332, to the State Medical Board of Ohio, thereby permanently relinquishing all rights to practice medicine and surgery in Ohio. This surrender shall be effective upon signature of the Secretary and Supervising Member.

I understand that as a result of the surrender herein that 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. 35-044332 or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, on or after the date of signing of 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 stipulate and agree that I am taking the action described herein in lieu of further formal proceedings. I further stipulate and admit the allegations in the Notice of Opportunity for Hearing issued by the Board on August 13, 2003, which is attached hereto in Exhibit A and incorporated herein by this reference.

I further stipulate and agree that I am taking the action described herein in consideration of the terms of the Settlement Agreement signed herewith, and that if the State Medical Board of Ohio, through its Secretary and Supervising Member, does not enter into the Settlement Agreement, then this Permanent Surrender shall be null and void.

I, William W. Sprich, 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.

Further, this information shall be reported to appropriate organizations, data banks and governmental bodies with instructions that this voluntary permanent surrender of William W. Sprich, M.D.'s certificate to practice medicine and surgery supercedes the Board's prior order of revocation. I, William W. Sprich, M.D., acknowledge that my social security number will be used when this information is so reported and agree to provide my social security number to the Board for such purposes.

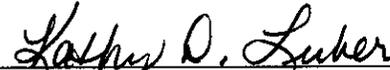
Signed this 31st day of December, 2003


WILLIAM W. SPRICH, M.D.

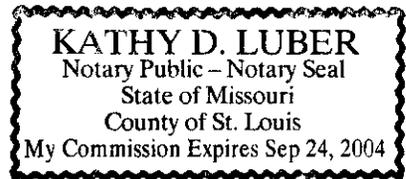
Witness

Witness

Sworn to and subscribed in my presence, this 31st day of December, 2003.


NOTARY PUBLIC

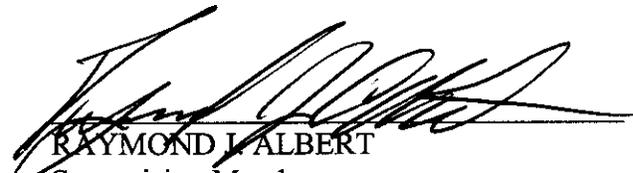
(This form must be either witnessed OR notarized.)



Accepted by the State Medical Board of Ohio:


LANCE TALMAGE, M.D.
Secretary

1-28-04
DATE


RAYMOND I. ALBERT
Supervising Member

1/28/04
DATE

IN THE COURT OF COMMON PLEAS, FRANKLIN COUNTY, OHIO

WILLIAM W. SPRICH, M.D. :
Appellant, :
v. : JUDGE O'NEILL
STATE MEDICAL BOARD OF OHIO : CASE NO. 03-CVF-011777
Appellee. :

AGREED ENTRY ADOPTING SETTLEMENT AGREEMENT

Pursuant to the joint motion of William W. Sprich, M.D., and the State Medical Board, it is hereby

ORDERED that the Settlement Agreement, attached hereto and incorporated by reference as if fully rewritten herein, is ADOPTED, and this case is DISMISSED with prejudice. The parties are hereby ordered to carry out the terms of the Settlement Agreement.

Costs to Appellant, William Sprich, M.D.

JUDGE D. O'NEILL

FILED
COMMON PLEAS COURT
FRANKLIN CO. OHIO
2004 JAN 21 AM 10:40
CLERK OF COURTS-CV

Agreed to:

Todd Swatsler per phone authorization 4/4/04

TODD S. SWATSLER (0010172)

JONES DAY

41 South High Street, Suite 1900

Columbus, Ohio 43215

(614) 469-3939

(614) 461-4198 Facsimile

Counsel for William W. Sprich, M.D.

JIM PETRO (0022096)

Attorney General

Rebecca J. Albers

REBECCA J. ALBERS (0059203)

Senior Assistant Attorney General

Health and Human Services Section

30 East Broad Street, 26th Floor

Columbus, Ohio 43215-3400

(614) 466-6800

(614) 466-6090 Facsimile

Counsel for The State Medical Board of Ohio

IN THE COURT OF COMMON PLEAS, FRANKLIN COUNTY, OHIO

WILLIAM W. SPRICH, M.D. :
 Appellant, :
 v. : JUDGE O'NEILL
 STATE MEDICAL BOARD OF OHIO : CASE NO. 03-CVF-011777
 Appellee. :

CLERK OF COURTS
 2004 JAN 14 PM 3:26
 THE CLERK OF
 COMMON PLEAS COURT
 FRANKLIN COUNTY, OHIO

**JOINT MOTION TO ADOPT SETTLEMENT AGREEMENT
 AND DISMISS WITH PREJUDICE**

Having reached a settlement of this R.C. 119.12 appeal, the Appellant, William W. Sprich, M.D., and the Appellee, the State Medical Board of Ohio, jointly move this Court to enter an order adopting said Settlement Agreement and dismissing this case with prejudice. The grounds for this motion are more fully explained in the accompanying memorandum in support.

Respectfully submitted,
 JIM PETRO (0022096)
 Attorney General

Todd S. Swatsler per phone communication 1/14/04 *Rebecca J. Albers*

TODD S. SWATSLER (0010172)
 JONES DAY
 41 South High Street, Suite 1900
 Columbus, Ohio 4321
 (614) 469-3939
 (614) 461-4198 Facsimile

REBECCA J. ALBERS (0059203)
 Senior Assistant Attorney General
 Health and Human Services Section
 30 East Broad Street, 26th Floor
 Columbus, Ohio 43215-3428
 (614) 466-8600
 (614) 466-6090 Facsimile

Counsel for William W. Sprich, M.D.

Counsel for The State Medical Board

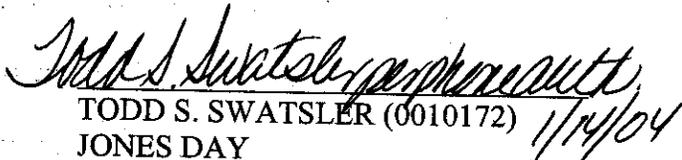
MEMORANDUM IN SUPPORT

This matter concerns the administrative appeal pursuant to R.C. 119.12 filed by Appellant, William W. Sprich, M.D., of an Order of the State Medical Board (Board) entered in his case.

Dr. Sprich and the Board have reached a resolution of the issues raised by his appeal. Dr. Sprich and the Board ask the Court to enter an Order adopting the Settlement Agreement between the Board and Dr. Sprich and dismissing this case with prejudice. The Settlement Agreement (without exhibits) is attached as Appendix A. A proposed order is also attached.

Respectfully submitted,

JIM PETRO (0022096)
Attorney General


TODD S. SWATSLER (0010172) 1/14/04
JONES DAY
41 South High Street, Suite 1900
Columbus, Ohio 4321
(614) 469-3939
(614) 461-4198 Facsimile

Counsel for William W. Sprich, M.D.


REBECCA J. ALBERS (0059203)
Senior Assistant Attorney General
Health and Human Services Section
30 East Broad Street, 26th Floor
Columbus, Ohio 43215-3428
(614) 466-8600
(614) 466-6090 Facsimile

Counsel for The State Medical Board

**SETTLEMENT AGREEMENT
BETWEEN
WILLIAM W. SPRICH, M.D.
AND
THE STATE MEDICAL BOARD OF OHIO**

This Settlement Agreement is entered into by and between William W. Sprich, M.D., ("Dr. Sprich") and the State Medical Board of Ohio ("Board"), the agency of the State of Ohio charged with enforcing R.C. Chapter 4731.

This Settlement Agreement is entered into on the basis of the following stipulations, statements and understandings:

- A. The Board issued a Notice of Opportunity for Hearing on August 13, 2003, to Dr. Sprich advising him that it proposed to take disciplinary action regarding his license to practice medicine and surgery in Ohio based upon his alleged violation of R.C. 4731.22(B)(22), ". . . any 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." The proposed discipline was based upon a January 13, 2003, Consent Order approved by the Illinois Department of Professional Regulation reprimanding Dr. Sprich's license to practice medicine and surgery in Illinois. The Notice of Opportunity for Hearing further advised Dr. Sprich that he was entitled to a hearing if he requested one within 30 days of the mailing of the notice.
- B. In accordance with R.C. 119.07, the Notice of Opportunity for Hearing was sent via certified mail, return receipt requested, to Dr. Sprich's address of record, 501 East Waters Edge, Belleville, Illinois 62221. A copy of the Notice of Opportunity for Hearing was sent to Dr. Sprich's last known practice address, 1031 Bellevue Avenue, St. Louis, Missouri 63117. Thirty days passed and Dr. Sprich did not request a hearing.
- C. The Board considered the matter at its October 8, 2003, meeting. Having reviewed the Affidavit of Charles Woodbeck, Enforcement Coordinator, with the accompanying documentation from the Illinois Department of Professional Regulation; the Affidavit of Debra Jones, Chief of Records, Renewal and Continuing Medical Education; the Notice of Opportunity for Hearing and the certified mail return receipts the Board entered an Order revoking Dr. Sprich's license to practice medicine and surgery in Ohio. That revocation was effective immediately. A copy of the Board's Findings, Order and Journal Entry is attached as Exhibit A.

- D. Pursuant to R.C. 119.12, on October 24, 2003, Dr. Sprich appealed the Board's Order to the Franklin County Court of Common Pleas, Case No.03-CVF-10-11777. A copy of the Notice of Appeal is attached as Exhibit B.
- E. Dr. Sprich and the Board (collectively, the "Parties"), desire to completely and finally settle all claims and differences with respect to the administrative proceedings and appeal as set forth below.

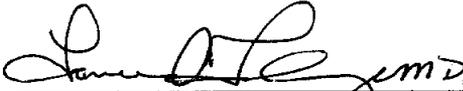
Therefore, in consideration of the mutual covenants and promises contained herein, William W. Sprich, M.D., and the State Medical Board of Ohio agree as follows:

1. Dr. Sprich agrees to execute the Permanent Surrender of Certificate, attached hereto as Exhibit C.
2. The Parties shall file a joint motion to the Common Pleas Court of Franklin County asking the Court to enter an Order adopting this Settlement Agreement in the form attached as Exhibit D.
3. Upon entry of the order from the Court, the Board, through its Secretary and Supervising Member, shall accept the Permanent Surrender of Dr. Sprich's license to practice medicine and surgery in Ohio, and the October 8, 2003 Order shall thereby be vacated.
4. Dr. Sprich hereby releases and forever discharges the Board, its members, employees, agents, officers and representatives, jointly and severally, from any and all liabilities, rights, causes of action, costs, expenses, attorney fees and any other possible claims arising from the within matter.
5. The terms of this Settlement Agreement bind the Parties hereto and their assigns and successors in interest. This Settlement Agreement is not to be construed as an admission of any type of liability or wrongdoing by the Board. This Settlement Agreement is not to be construed as precedent for actions taken or to be taken by the Board against any other individual(s).
6. This Settlement Agreement contains the entire agreement between the Parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.
7. This Settlement Agreement shall be considered a public record as that term is used in R.C. 149.43.

THE STATE MEDICAL BOARD OF OHIO



WILLIAM W. SPRICH, M.D.



LANCE TALMAGE, M.D.
Secretary

Dec 31, 2003

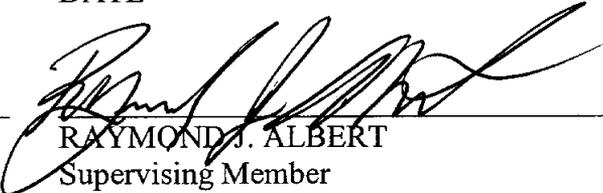
DATE

1-12-04

DATE



TODD S. SWATSLER
Attorney for Dr. Sprich



RAYMOND J. ALBERT
Supervising Member

Jan. 2, 2004

DATE

1/12/04

DATE



REBECCA J. ALBERS
Senior Assistant Attorney General



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

October 8, 2003

William W. Sprich, M.D.
501 East Waters Edge
Belleville, Illinois 62221

Dear Doctor Sprich:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on October 8, 2003.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal must be taken to the Franklin County Court of Common Pleas.

Such an appeal setting forth the Order appealed from and the grounds of the appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Franklin County Court of Common Pleas. Any such appeal must be filed within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

Very truly yours,

Lance A. Talmage, M.D.
Secretary

LAT:jam
Enclosures

CERTIFIED MAIL RECEIPT NO. 7000 0600 0024 5150 97777
RETURN RECEIPT REQUESTED

1031 Bellevue Avenue, Suite 300
Saint Louis, Missouri 63117

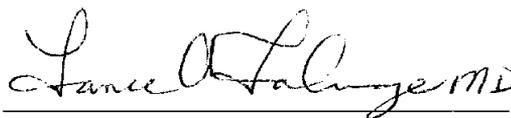
CERTIFIED MAIL RECEIPT NO. 7000 0600 0024 5150 9760
RETURN RECEIPT REQUESTED

Mailed 10-9-03

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry approved by the State Medical Board, meeting in regular session on October 8, 2003, constitutes a true and complete copy of the Findings, Order and Journal Entry in the Matter of William W. Sprich, M.D., as it appears in the Journal of the State Medical Board of Ohio.

This Certification is made by the authority of the State Medical Board of Ohio in its behalf.



Lance A. Talmage, M.D.
Secretary

(SEAL)

October 8, 2003

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

*

WILLIAM W. SPRICH, M.D.

*

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated August 13, 2003, notice was given to William W. Sprich, M.D., that the State Medical Board intended to consider disciplinary action regarding his license to practice medicine and surgery in the State of Ohio, and that he was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. In accordance with Section 119.07, Ohio Revised Code, said notice was sent via certified mail, return receipt requested, to the address of record of Dr. Sprich, that being 501 East Waters Edge, Belleville, Illinois 62221. A second copy of the notice was sent to 1031 Bellevue Avenue, Saint Louis, Missouri 63117.

Signed certified mail receipts were returned to the Medical Board offices documenting proper service of the notice. However, no hearing request has been received from Dr. Sprich and more than thirty (30) days have now elapsed since the mailing of that notice.

WHEREFORE, having reviewed the affidavit of Charles A. Woodbeck, Enforcement Coordinator, with accompanying documentation, the affidavit of Debra L. Jones, Chief, Records, Renewal and Continuing Medical Education, and the notice of opportunity for hearing, which are attached hereto and incorporated herein, the Board hereby finds that there is reliable, probative and substantial evidence to support the allegations as set forth in the notice of opportunity for hearing issued on August 13, 2003. Further, the Board hereby ORDERS that the license of William W. Sprich, M.D., to practice medicine and surgery in the State of Ohio be REVOKED.

This Order shall become effective IMMEDIATELY.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 8th day of October 2003 and the original thereof shall be kept with said Journal.



Lance A. Talmage, M.D.
Secretary

(SEAL)

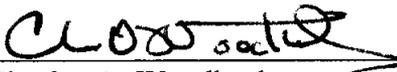
October 8, 2003
Date

AFFIDAVIT

The State of Ohio
Franklin County, SS

I, Charles A. Woodbeck, being duly cautioned and sworn, do hereby depose and state that the following is true based upon my first-hand knowledge:

- 1) I am employed by the State Medical Board of Ohio (hereinafter, "The Board").
- 2) I serve the Board in the position of Enforcement Coordinator.
- 3) In the course of my regular duties, I am responsible for coordinating investigations of complaints against applicants and licensees under the jurisdiction of the Board and assembling the evidence necessary to prove potential violations of the Medical Practices Act of Ohio, Chapters 4730., 4731., 4760., and 4762., Ohio Revised Code.
- 4) I coordinated the investigation of the complaint filed against William W. Sprich, M.D., which resulted in a Notice of Opportunity for Hearing on August 13, 2003.
- 6) During the course of my investigation, I obtained certified copies of the Notice and Order in the matter of the Department of Professional Regulation of the State of Illinois v. William W. Sprich. Copies of the documents are attached hereto and incorporated herein.
- 7) Further, Affiant Sayeth Naught.



Charles A. Woodbeck
Enforcement Coordinator

Sworn to and signed before me, Barbara A. Jacobs, Notary
Public, this 17th day of September, 2003.



Notary Public

BARBARA ANN JACOBS, ATTORNEY AT LAW
NOTARY PUBLIC, STATE OF OHIO
My commission has no expiration date.
Section 147.03 R.C.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William W. Sprich, M.D.
501 East Waters Edge
Belleville, Illinois 62221

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kathy Sprich Agent Addressee

B. Received by (Printed Name) *Kathy Sprich* C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 if YES, enter delivery address below:

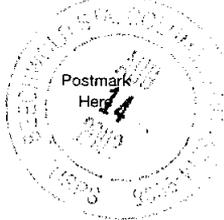
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery Yes No

2. Article Number (Transfer from Form 3800) *00245150-5540 JAM*

7000 0600 0000 0024 5150 5540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

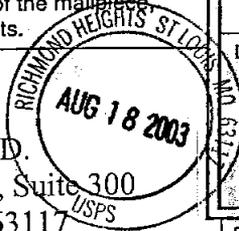
		<i>JAM</i>
Postage	\$ 1.75	
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.80	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

§ William W. Sprich, M.D.
 c 501 East Waters Edge
 Belleville, Illinois 62221

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>William W. Sprich, M.D. 1031 Bellevue Avenue, Suite 300 Saint Louis, Missouri 63117</p>	<p>A. Signature x M Jozwiak <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) M JOZWIAK</p> <p>C. Date of Delivery 08-18-03</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p> <p>CITE-DUP MLG</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7000 0600 0024 5150 6417 JAM</p>	



PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-0985

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)											
<p>CITE-DUP MLG</p> <table border="1"> <tr> <td>Postage</td> <td>\$ 1.75</td> </tr> <tr> <td>Certified Fee</td> <td>2.30</td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td>1.75</td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$ 5.80</td> </tr> </table>	Postage	\$ 1.75	Certified Fee	2.30	Return Receipt Fee (Endorsement Required)	1.75	Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$ 5.80	<p>JAM</p>
Postage	\$ 1.75										
Certified Fee	2.30										
Return Receipt Fee (Endorsement Required)	1.75										
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	\$ 5.80										
<p>Rec'd William W. Sprich, M.D. Stre 1031 Bellevue Avenue, Suite 300 City Saint Louis, Missouri 63117</p>	<p>PS Form 3800, February 2000 See Reverse for Instructions</p>										

7000 0600 0024 5150 6417



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

August 13, 2003

William W. Sprich, M.D.
501 East Waters Edge
Belleville, Illinois 62221

Dear Doctor Sprich:

In accordance with R.C. Chapter 119., you are hereby notified that the State Medical Board of Ohio 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 or place you on probation for one or more of the following reasons:

- (1) On or about January 13, 2003, the Illinois Department of Professional Regulation (Illinois Board) approved a Consent Order reprimanding your Illinois Board Physician and Surgeon's license.

You stipulated that you had failed to notice a mechanical malfunction in a piece of equipment during surgery and the patient had suffered non-fatal injuries as a result of this incident.

The Illinois Board contends that the allegations as set forth therein, if proven to be true would constitute grounds for suspending or revoking your license as a Physician and Surgeon, on the authority of Illinois Compiled Statutes (1992), Chapter 225, Section 60/22(A)(4) [Gross negligence in practice under this Act].

Copies of the Notice and [Consent] Order mailed January 13, 2003, are attached hereto and incorporated herein.

The Illinois Board Consent Order, as alleged in paragraph one (1) above, constitutes "[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," as that clause is used in R.C. 4731.22(B)(22).

Pursuant to R.C. Chapter 119., 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

Mailed 8-14-03

and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

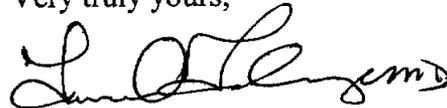
You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at 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 or place you on probation.

Please note that, whether or not you request a hearing, R.C. 4731.22(L), 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,



Lance A. Talmage, M.D.
Secretary

LAT/jag
Enclosures

CERTIFIED MAIL # 7000 0600 0024 5150 5540
RETURN RECEIPT REQUESTED

1031 Bellevue Avenue, Suite 300
Saint Louis, Missouri 63117

CERTIFIED MAIL # 7000 0600 0024 5150 6417
RETURN RECEIPT REQUESTED

STATE OF ILLINOIS)
) ss:
COUNTY OF SANGAMON)

UNDER PENALTY of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that I caused copies of the attached NOTICE AND ORDER, to be deposited in the United States mail, by CERTIFIED mail at 320 W. Washington, Springfield, Illinois 62786, before 5:00 p.m. with proper postage prepaid on the 13th day of January, 2003 to all parties at the addresses listed on the attached documents.

Troci S. Ordway
AFFIANT

STATE OF ILLINOIS
DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION)
of the State of Illinois, Complainant)

v.)

) NO. 2001-01907-1
)

WILLIAM W. SPRICH Respondent)

NOTICE

TO: WILLIAM W. SPRICH
340 W.LINCOLN ST., STE. 540
BELLEVILLE, IL 62220

PLEASE TAKE NOTICE that the Director of the Department of Professional Regulation did sign the attached Consent Order.

The Order of the Director of the Department of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

BY: 

Clerk for the Department

All inquiries should be directed
to the Prosecutions Unit
312/814-4477

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION)

of the State of Illinois, Complainant)

v.)

WILLIAM SPRICH)

License No. 036-065159, Respondent)

No. 2001-01907-1

CONSENT ORDER

The Department of Professional Regulation by James G. Pittacora, one of its attorneys, and William Sprich, Respondent agree to the following:

STIPULATIONS

William Sprich is licensed as a Physician and Surgeon in the State of Illinois, holding license No. 036-065159. At all times material to the matter set forth in this Consent Order, the Department of Professional Regulation of the State of Illinois had jurisdiction over the subject matter and parties herein.

Information has come to the attention of the Department the Respondent had failed to notice a mechanical malfunction in a piece of equipment during a surgery. The patient had suffered non-fatal injuries as a result of this incident.

The Department contends that the allegation(s) as set forth herein, if proven to be true would constitute grounds for suspending or revoking Respondent's license as a Physician and Surgeon, on the authority of Illinois Compiled Statutes (1992), Chapter 225, Section 60/22 (A)(4).

As a result of the foregoing allegation(s), the Department held an Informal Conference at the offices of the Department, 100 West Randolph Street, Suite 9-300, Chicago, Illinois 60601 on March 26, 2002. Respondent appeared in person on that date with representation from Roger Clayton. Dr. Donald Langsley appeared as a member of the Medical Disciplinary Board of the State of Illinois and James G. Pittacora appeared as an attorney for the Department.

Respondent has been advised of the right to have the pending allegation(s) reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Respondent and the Department have agreed, in order to resolve this matter, that William Sprich be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Department, through James G. Pittacora, its attorney, and William Sprich, agree:

- A. That the Physician and Surgeon's license of William Sprich is hereby Reprimanded and he is reminded of his duty and obligation to comply with the Illinois Medical Practice Act and its rules promulgated thereto.

B. This Consent Order shall become effective immediately after it is approved by the Director of the Department.

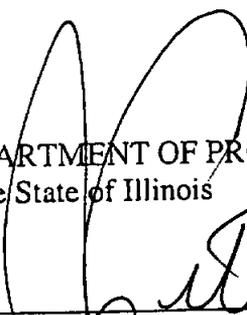
DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

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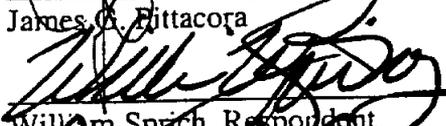
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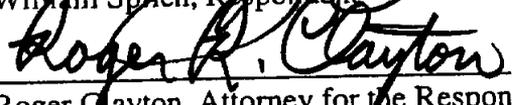
December 4, 2002
DATE



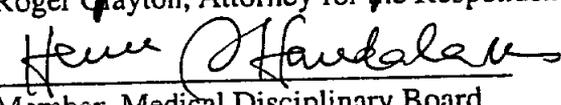
James G. Pittacora



William Sprich, Respondent



Roger Clayton, Attorney for the Respondent

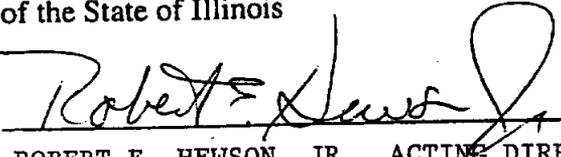


Member, Medical Disciplinary Board

The foregoing Consent Order is approved in full.

DATED THIS 13th day of January 2003

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois



ROBERT E. HEWSON, JR., ACTING DIRECTOR

REH:JGP: ad

REF: License No. 36-065159
Case No. 2001-01907-1