

STATE OF OHIO
THE STATE MEDICAL BOARD

CONSENT AGREEMENT
BY AND BETWEEN
THE STATE MEDICAL BOARD OF OHIO
AND ROBERT E. BERGQUIST, M.D.

WHEREAS, the State Medical Board of Ohio is a state agency charged with enforcement of the provisions of Chapter 4731., Ohio Revised Code, relating to the practice of medicine and surgery;

WHEREAS, Robert E. Bergquist, M.D., an applicant for licensure under Chapter 4731., Ohio Revised Code, admits that he has suffered from chemical dependency, and has obtained treatment for such dependency through the Medical Association of Georgia's Disabled Doctors Program;

WHEREAS, the State Medical Board is prohibited by the provisions of Section 4731.22(B)(16), Ohio Revised Code, to issue a certificate to a person found unable to practice according to acceptable and prevailing standards of care by reason of excessive use of alcohol or controlled substances or as a result of a physical condition;

WHEREFORE, it is hereby agreed by and between Robert E. Bergquist, M.D., and the State Medical Board of Ohio that Dr. Bergquist shall be issued a license to practice medicine or surgery in the State of Ohio, subject to the following terms and conditions:

1. Doctor Bergquist shall comply fully with the provisions of the aftercare contract entered into between himself and the Medical Association of Georgia on February 2, 1982. A copy of said contract is attached hereto, and its terms are incorporated herein by reference.
2. Doctor Bergquist shall appear before the State Medical Board or a representative thereof after a period of six (6) months, upon request of the Board.
3. Failure by Doctor Bergquist to fully comply with the above conditions shall constitute grounds to limit, reprimand, revoke, suspend, place on probation, refuse to register, or reinstate his certificate under the provisions of Section 4731.22, Ohio Revised Code.

This agreement shall be effective when signed by Doctor Bergquist and the authorized representative of the State Medical Board of Ohio.

Robert E. Bergquist M.D.
Robert E. Bergquist, M.D.

Anthony Ruppberg, Jr., M.D.
Anthony Ruppberg, Jr., M.D.
Secretary, Ohio State Medical Board

25 June 82
Date

25 June 1982
Date

Edward M. Valentini
Witness/Date 6-25-82

Jeffrey J. Jurca
Jeffrey J. Jurca
Assistant Attorney General

Edna B. McGrath
Witness/Date 6-25-82

7/2/82
Date

MEDICAL ASSOCIATION OF GEORGIA
AFTERCARE COMMITTEE

AFTERCARE CONTRACT (for Out-of-State Physicians)

NAME: ROBERT E BERGGQUIST MD

DATE: 2 FEB 82

1. The Disabled Doctors Program as represented by this Aftercare Committee agrees to assume an advocacy role with the D.E.A., state licensing board, hospital boards and other appropriate agencies, provided DR BERGGQUIST abides by the terms in the body of this contract. This primary advocacy role applies to the transition period immediately following discharge; thereafter, this Committee will provide proponent support to supplement the primary advocacy provided from the physician's state of residence. This contract supplements the treatment contract signed by the above during the acute treatment phase.
2. I agree to the terms of this aftercare contract for a period of twenty months from the date of this contract.
3. I am responsible for all expenses connected with my treatment including the aftercare phase.
4. I will practice medicine in the location and specialties ANESTHESIOLOGY. I agree to notify the Aftercare Committee of any change in work status or location.
5. I agree to the following recommendations regarding my D.E.A. license:
N/A
6. My primary physician in my locality is (name) Mary P. Smith, M.D.
(address) Dept of Medicine, Medical College of Ohio
CS-10008 Toledo, Ohio 43699 (telephone) _____
7. I agree to offer and obtain supervised urine/blood samples for drug screens at the discretion of the Disabled Doctors Program, the Aftercare Committee, or my primary physician, and that a report of this screen be made available to this Committee.
8. The following person will assume supervisory responsibility for my aftercare program: DR Tom MARTIN Dept of Anes. Medical College of Ohio
(419) 381-4172 CS 10008 Toledo Ohio 43699
9. I agree to abstain completely from any mood-changing drug except as prescribed by my primary physician and, when possible, with consultation of this Committee.
10. In the event of relapse, I agree to notify the Aftercare Committee.
11. I agree to attend the following therapy group: Caduceus type meeting each Wed PM at home, Tom Mahoney (MD)
12. I plan to attend the annual Caduceus Retreat in the years MAR 82 / April 83
13. The Aftercare Committee encourages you to become a member of your local medical society.

14. I will attend a self-help group (designate) AA at a frequency of 3 times per week.

DAY	TIME	NAME OF GROUP	LOCATION
THURS	PM	with other groups	NEW HOPE LUTHER CHURCH
		<u>with home group - Fri @ 2030</u>	<u>NEW HOPE GP - NEW HOPE LUTHER CHURCH</u>
<u>TUES @</u>	<u>2030</u>	<u>WESTGATE MEN'S GROUP - COUSNANT PRESBY Ch.</u>	
<u>WED @</u>	<u>1900</u>	<u>Caduceus @ Pt. residence (every other week)</u>	
		<u>Random locations each weekend</u>	

Contact Person George Alvis 174 NAVARRE AVE TOLEDO OHIO 43605 419-691-8453
Mr. Jack [unclear]

15. I agree to the following special terms concerning my disease:

Autobuse Self help relaxation -
Regular church attendance

16. I understand that no member of the Disabled Doctors Program or Aftercare Committee of the Medical Association of Georgia can appear as a witness on my behalf in any court of law or in any legal matter except as mentioned in Paragraph One of this contract.

17. I understand that if I do not adhere to the conditions of this contract, the Disabled Doctors Program or Aftercare Committee may elect to remove itself from any advocacy role and may so notify those agencies before which it has acted in my behalf.

[Signature]
 Olav H. [unclear], Chairman
 Aftercare Committee
 Disabled Doctors Program

[Signature]
 Physician's Signature

[Signature]
 Mary Anne Alvis
 Aftercare Counselor
 Disabled Doctors Program

[Signature]
 Witness

[Signature]
 Witness