

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :  
:  
RANDALL L. MCCOLLISTER, M.D. :

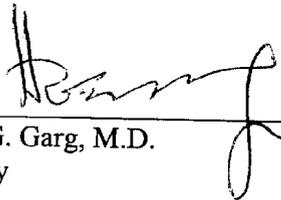
**ENTRY OF ORDER**

On December 10, 2002, Randall L. McCollister, M.D. executed a Voluntary Surrender of his Certificate to practice medicine and surgery in the State of Ohio with a consent to revocation, which document is attached hereto and fully incorporated herein.

In consideration of the foregoing and of Dr. McCollister's express waiver of the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board members vote to revoke said certificate, it is hereby ORDERED that Certificate No. 35-048013 authorizing Randall L. McCollister, M.D., to practice medicine be permanently REVOKED, effective December 11, 2002.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 11th day of December, 2002, and the original thereof shall be kept with said Journal.

(SEAL)

  
\_\_\_\_\_  
Anand G. Garg, M.D.  
Secretary

December 11, 2002  
\_\_\_\_\_  
Date

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

RECEIVED  
STATE MEDICAL BOARD  
DECEMBER 11 2002

I, RANDALL L. MCCOLLISTER, 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, RANDALL L. MCCOLLISTER, M.D., do hereby voluntarily, knowingly, intelligently and permanently surrender my certificate to practice medicine and surgery, No. 35-048013, to the State Medical Board of Ohio, thereby relinquishing all rights to practice medicine and surgery in Ohio. This surrender shall be effective upon the date of the signed acceptance by the Secretary and Supervising Member of the State Medical Board of 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. 35-048013 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 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. 35-048013, 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, RANDALL L. MCCOLLISTER, 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, and may be reported to appropriate organizations, data banks and governmental bodies. I, RANDALL L. MCCOLLISTER, M.D., agree to provide my social security number to the State Medical Board of Ohio and hereby authorize the State Medical Board of Ohio to utilize that number in conjunction with that reporting.

Surrender of Certificate  
Randall L. McCollister, M.D.  
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I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(9), Ohio Revised Code, based upon my having pleaded guilty on October 11, 2002, in the United States District Court for the Southern District of Ohio, Western Division, in Cincinnati, Ohio, to one (1) felony count of conspiracy to engage in the business of dispensing and distributing controlled substances in violation of 21 U.S.C. § 841(a)(1)(A) and 21 U.S.C. § 841(b)(1)(C). RAT

Signed this 10<sup>th</sup> day of December, 2002

  
Witness

  
Randall L. McCollister, M.D.

  
Witness

Sworn to and subscribed before me this 10<sup>th</sup> day of December, 2002.



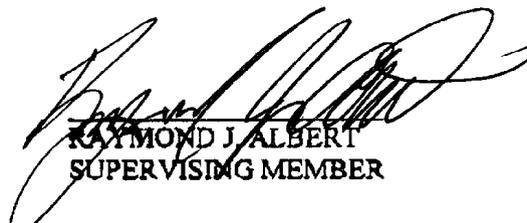
ROSE ANN FLEMING  
Attorney at Law  
Notary Public, State of Ohio  
My Commission Has No Expiration  
Section 147.03 R.C.

  
Notary Public

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

Accepted by the State Medical Board of Ohio:

  
ANAND G. GARG, M.D.  
SECRETARY

  
RAYMOND J. ALBERT  
SUPERVISING MEMBER

12/11/02  
DATE

12/11/02  
DATE