

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :
:
KEVIN ROBERT HAM, M.D. :

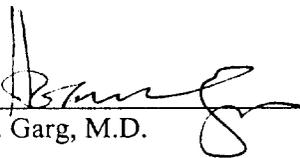
ENTRY OF ORDER

On October 27, 1999, Kevin Robert Ham, 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. Ham'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. 35055133 authorizing Kevin Robert Ham, M.D., to practice medicine be permanently REVOKED, effective November 30, 1999.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 19th day of November, 1999, and the original thereof shall be kept with said Journal.

(seal)



Anand G. Garg, M.D.
Secretary

12/06/99

Date

**STATE OF OHIO
THE STATE MEDICAL BOARD**

**PERMANENT SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY**

I, KEVIN ROBERT HAM, 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, KEVIN ROBERT HAM, M.D., do hereby voluntarily, knowingly, intelligently, and permanently surrender my certificate to practice medicine and surgery, No. 35-055133, to the State Medical Board of Ohio, thereby permanently relinquishing all rights to practice medicine and surgery in Ohio. This surrender shall be effective as of midnight, November 30, 1999.

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. 35-055133 or issuance of any other certificate pursuant to Chapters 4730. or 4731., 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 hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order revoking my certificate to practice medicine and surgery, No. 35-055133, 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 stipulate and agree that I am taking the action described herein in lieu of further formal disciplinary proceedings in accordance with R.C. Chapter 119 and R.C. 4731.22 for the matters described in the Notice of Opportunity for Hearing dated September 8, 1999. I further stipulate and admit the allegations in said Notice, which is attached hereto in Exhibit A and incorporated herein by this reference.

I, KEVIN ROBERT HAM, 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.

Kevin Robert Ham, M.D.
Surrender of Certificate
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Further, this information may be reported to appropriate organizations, data banks and governmental bodies.

Signed this 27th day of October, 1999.


KEVIN ROBERT HAM, M.D.

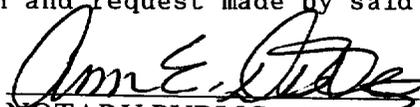
THIS FORM MUST BE WITNESSED OR NOTARIZED:

Witness

Witness

~~Sworn to and subscribed in my presence, this _____ day of _____, 1999.~~

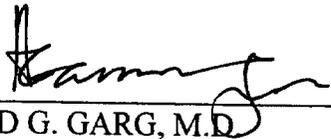
The signature of Kevin Robert Ham, M.D., was notarized on November 1, 1999, following verbal and written authorization and request made by said Kevin Robert Ham, M.D.



NOTARY PUBLIC
Ann E. Distler
State of Missouri
County of Cole

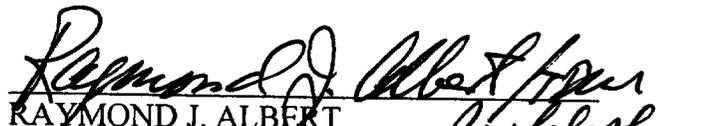
ANN E DISTLER
Notary Public - Notary Seal
STATE OF MISSOURI
COLE COUNTY
MY COMMISSION EXP. DEC. 3, 1999

Accepted by the State Medical Board of Ohio:



ANAND G. GARG, M.D.
Secretary

11/16/99
DATE


RAYMOND J. ALBERT
Supervising Member
for telephone call

11-19-99
DATE



State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/466-3934 • Website: www.state.oh.us/med/

September 8, 1999

Kevin R. Ham, M.D.
2400 Lucy Lee Parkway, Suite C
Poplar Bluff, Missouri 63901



Dear Doctor Ham

In accordance with Chapter 119., Ohio Revised Code, 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 June 18, 1999, in the Circuit Court of Ripley County, Missouri, you pleaded guilty to one felony count of Statutory sodomy, second degree, in violation of Section 566.064, RSMo. The Court accepted your plea on June 18, 1999.

The acts underlying your guilty plea were that, between August 1997 and May 1998, you had deviate sexual intercourse, as defined in Section 566.010 Definitions, RSMo., with Jimmy Gentry, your stepson; and that at that time, Jimmy Gentry was less than seventeen years old and you were twenty one years of age or older.

Your guilty plea as alleged in paragraph (1) above, constitutes "[a] plea of guilty to, or a judicial finding of guilt of, or a judicial finding of eligibility for treatment in lieu of conviction for, a felony," as that clause is used in Section 4731.22(B)(9), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, 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 and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice.

You are further advised that 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.

Mailed 9/9/99

Kevin R. Ham, M.D.
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In the event that there is no request for such hearing received within thirty (30) 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, Section 4731.22(L), Ohio Revised Code, effective March 9, 1999, 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,



Anand G. Garg, M.D.
Secretary

AGG/jag
Enclosures

CERTIFIED MAIL # Z 233 896 451
RETURN RECEIPT REQUESTED

Inmate No. 1025232
Fulton Reception and Diagnostic Center
Fulton, MO 65251

CERTIFIED MAIL # Z 233 896 466
RETURN RECEIPT REQUESTED