

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

I, Viki Lynn Stockslager, 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, Viki Lynn Stockslager, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, #35-058800, 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 that I am no longer permitted to practice as a physician in any form or manner in the State of Ohio.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(19), Ohio Revised Code, based upon the fact that, since approximately June 2001, I have been unable to engage in the practice of medicine and surgery due to Major Depressive Disorder, recurrent, severe.

I understand and agree that in the event I apply for reinstatement of certificate to practice medicine and surgery #35-058800, 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, the Board shall have full authority to investigate any matters pertinent to my application, including but not limited to, my ability to practice according to acceptable and prevailing standards of care, and any criminal, civil, administrative, and/or disciplinary matters concerning me, regardless of whether such investigation relates to the facts stipulated above or any of my other acts, conduct and/or omissions, either presently known or unknown to the Board, and irrespective of whether such investigation concerns matters that may have occurred in the past or arise in the future. I further agree that, as part of any future application process, I will authorize release to the Board of any and all documents related to my compliance with and/or monitoring by: any agency responsible for monitoring the regulation of any certificate I hold or may hold in the future in this or any other jurisdiction; health care providers, including but not limited to, records related to psychiatric treatment; and/or any and all documents related to any court orders or participation in any diversion or monitoring program.

I understand and agree further that, in the event that I apply for reinstatement of my certificate to practice medicine and surgery, or issuance of any other certificate, the Board may deny my request or place terms and conditions upon a certificate if issued, based upon my violation of Section 4731.22(B)(19), Ohio Revised Code, as set forth above or otherwise established, or upon any other legal basis.

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Further, I understand and agree that in addition to all other requirements of the application process I shall be required to demonstrate to the satisfaction of the Board that I can resume practice in compliance with acceptable and prevailing standards of care under the provisions of the certificate for which I am applying. Such demonstration shall include but shall not be limited to a written report forwarded to the Board from a psychiatrist, approved in advance by the Board, indicating that as part of a psychiatric examination of me by such psychiatrist my ability to practice has been assessed and that I have been found capable of practicing according to acceptable and prevailing standards of care. Prior to the examination, I shall provide the psychiatrist with copies of patient records from any prior evaluations and/or treatment that I have received and a copy of this Surrender. The report from the evaluating psychiatrist shall include the psychiatrist's diagnoses and conclusions; any recommendations for care, counseling and treatment for the psychiatric diagnoses; any conditions, restrictions, or limitations that should be imposed on my practice; and the basis for the psychiatrist's determinations. The report required pursuant to this paragraph shall be based upon an examination occurring within the three months immediately preceding any application for reinstatement of my certificate to practice medicine and surgery or issuance of any other certificate.

In addition, I understand and agree that, in the event that I have not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or issuance of any other certificate, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of my fitness to resume practice.

I, Viki Lynn Stockslager, 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, Viki Lynn Stockslager, 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.

Signed this 3rd day of December 2004.


VIKI LYNN STOCKSLAGER, M.D.

Witness

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Witness

Sworn to and subscribed before me this 3rd day of December, 2004.

Alberta L. Rochon
Notary Public

SEAL (This form must be either witnessed OR notarized)



ALBERTA L. ROCHON
Notary Public, State of Ohio
My Commission Expires 6-8-08

Accepted by the State Medical Board of Ohio:

Lance A. Talmage MD
LANCE A. TALMAGE, M.D.
SECRETARY

Raymond J. Albert
RAYMOND J. ALBERT
SUPERVISING MEMBER

12-14-04
DATE

12/14/04
DATE

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