STATE MEDICAL BOARD
OF OHIO
2008 MAY 12 A 10: 59

STATE OF OHIO
THE STATE MEDICAL BOARD

VOLUNTARY SURRENDER OF
CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

I, Asim R. Singh, 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, Asim R. Singh, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, License #35.067986, which expired January 1, 2008, as well as all rights to renew said certificate, to the State Medical Board of Ohio [Board]. I acknowledge that, as a result of the expiration of my certificate, I have not been legally authorized to practice medicine and surgery in Ohio since January 1, 2008. I further acknowledge and understand that, as a result of the surrender herein, I relinquish all rights to practice medicine and surgery in Ohio, and to renew and/or reinstate said license, and will not be permitted to practice medicine and surgery in any form or manner in the State of Ohio in the future.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery License #35.067986 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, Asim R. Singh, 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, Asim R. Singh, 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.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(26), Ohio Revised Code, related to my impairment of ability practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice, for which I have received and completed treatment at a

Board approved treatment provider, and Section 4731.22(B)(24), Ohio Revised Code, related to my voluntary surrender to the United States Drug Enforcement Agency of my registration to prescribe controlled substances.

EFFECTIVE DATE

It is expressly understood that this Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

ASIM R. SINGH, M.D.

5/8/08
DATE

LANCE A. TALMAGE, M.D.
Secretary

5-14-08
DATE

ERIC J. PLINKE, ESQ.
Attorney for Dr. Singh

5/9/8
DATE

RAYMOND J. ALBERT
Supervising Member

5/14/08
DATE

CHERYL D. POKORNY
Enforcement Attorney

6/12/08
DATE

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