

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :
:
ELLIS DAVID AVNER, M.D. :

ENTRY OF ORDER

On October 5, 2006, Ellis David Avner, M.D., executed a Surrender of his Certificate to practice medicine and surgery in the State of Ohio with consent to revocation, which document is attached hereto and fully incorporated herein.

Wherefore, upon ratification by the Board of the surrender, it is hereby ORDERED that Certificate No. 35-068850 authorizing Ellis David Avner, M.D., to practice medicine and surgery be permanently REVOKED, effective November 8, 2006.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 8th day of November 2006, and the original thereof shall be kept with said Journal.



Lance A. Talmage, M.D.
Secretary

(SEAL)

November 8, 2006
Date

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

I, Ellis David Avner, 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, Ellis David Avner, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 35.068850, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice medicine and surgery in Ohio.

I, Ellis David Avner, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 35.068850, which is currently inactive, to the State Medical Board of Ohio [Board]. I acknowledge that, as a result of the non-renewal of such certificate, I have not been legally authorized to practice medicine and surgery in Ohio since July 1, 2005. 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 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 No. 35.068850 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. 35.068850, 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, Ellis David Avner, 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.

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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, Ellis David Avner, 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.

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.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-02(D), General Provisions, Ohio Administrative Code; and Sections 4731.22(B)(2) and (B)(6), Ohio Revised Code, as pursuant to Rule 4731-11-02(F), Ohio Administrative Code, a violation of Rule 4731-11-02(D), Ohio Administrative Code, constitutes a violation of Sections 4731.22(B)(2) and (B)(6), Ohio Revised Code. I admit that I am taking the action described herein due to my writing prescriptions for controlled substances for a co-worker from in or around January 1997, through in or around June 2004, without completing and maintaining accurate medical records to reflect my examination, evaluation, and treatment of this co-worker, and without accurately reflecting the utilization of controlled substances in my treatment of this co-worker.

Signed this 5th day of October, 2006.



ELLIS DAVID AVNER, M.D.



WITNESS



WITNESS

Sworn to and subscribed before me this _____ day of _____, 200_____.

SEAL

NOTARY PUBLIC

(This form must be either witnessed OR notarized)

OHIO STATE MEDICAL BOARD

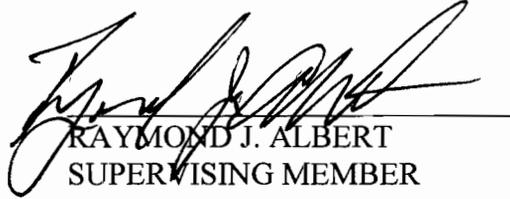
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LANCE A. TALMAGE, M.D.
SECRETARY

11-09-06
DATE



RAYMOND J. ALBERT
SUPERVISING MEMBER

11/9/06
DATE

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