

**REQUEST FOR WITHDRAWAL OF  
APPLICATION FOR LICENSE RESTORATION**

I, David Robert Otto, M.D., hereby request that my pending application for restoration of my certificate to practice medicine and surgery in the State of Ohio be withdrawn.

I, David Robert Otto, M.D., stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(10), (19), (22), and (26), Ohio Revised Code, based upon the following facts:

I admit that I have received in-patient and out-patient medical treatment over the course of several years through a variety of health care providers for diagnoses that include alcohol dependence, opioid dependence, major depression, panic disorder, and anxiety.

I further admit that on or about March 14, 2001, I entered residential treatment related to my chemical dependence at The William J. Farley Center in Williamsburg, Virginia, and was discharged on or about June 8, 2001, treatment complete. I further admit that on or about the day of said discharge, I relapsed by self-administering Fentanyl and Sufentanil that I obtained from a hospital by theft. I further admit that I was readmitted to treatment at The William J. Farley Center on or about June 11, 2001, and was discharged on or about August 17, 2001, treatment complete. Further, I attest that I have maintained uninterrupted sobriety from June 9, 2001, through the present.

I further admit that on or about May 18, 2001, I voluntarily placed my license to practice medicine in the State of Kansas on inactive status, and thereafter, on or about June 4, 2002, I entered into a Consent Agreement with the Board of Healing Arts of the State of Kansas based upon my acts of diverting controlled substances for self-use. I further admit that such agreement provided, *inter alia*, that I be publicly censured for my conduct, and that I be prohibited from practicing anesthesiology should I reestablish active licensure in that state in the future.

I further admit that I was criminally charged related to the aforementioned drug theft that occurred on or about June 8, 2001, and that in the District Court of Saline County, Kansas, on or about September 6, 2002, I entered a plea of guilty to Obtaining a Prescription by Fraudulent Means, in violation of K.S.A. 21-4212, a Class A Nonperson Misdemeanor, for

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which I received a suspended jail sentence and was ordered to pay a fine and to successfully complete treatment related to chemical dependence.

In addition, I agree that in the event that I again apply for restoration of my certificate to practice medicine in Ohio or apply for issuance of any other certificate pursuant to Chapters 4730, 4731, 4760. or 4762., Ohio Revised Code, 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 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 medical records from any health care provider, including but not limited to, treatment related to psychiatric care, psychological counseling, and/or alcohol or chemical dependence, as well as any documents related to my compliance with and/or monitoring by any agency responsible for regulating my practice in any jurisdiction.

Further, I agree that, as part of any restoration application, I must demonstrate to the satisfaction of the Board that I can practice in compliance with acceptable and prevailing standards of care under the provisions of my certificate. Such demonstration shall include, but shall not be limited to, successful passage of the SPEX examination based upon an examination occurring within the 90 days immediately preceding my application for restoration, and submission of three written reports indicating that my ability to practice has been assessed and that I have been found capable of practicing according to acceptable and prevailing standards of care. All reports shall be based upon an examination occurring within the 90 days immediately preceding my application for restoration. One report shall be made by a psychiatrist chosen by the Board, who shall conduct an examination of me regarding my psychiatric status. Two reports shall be made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or have been approved in advance by the Board, each of whom shall conduct an examination of me regarding my chemical dependency status. Prior to these examinations, I shall provide each of the evaluators with copies of patient records from any evaluations and/or treatment that I have received, a copy of this Request for Withdrawal of Application for License Restoration, and any other information that I or the Board deems may be appropriate or helpful to the evaluating physicians. Each of the aforementioned reports shall include the evaluator's diagnosis and conclusions; any recommendations for care, counseling, and treatment; any conditions, restrictions, or limitations that should be imposed on my practice; and the basis for the evaluator's determinations.

I, David Robert Otto, M.D., acknowledge that in the event that I again apply for restoration of my certificate to practice medicine or apply for issuance of any other certificate pursuant to

Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, the Board may, based upon the facts as set forth above or upon any other legal basis, deny my request for licensure or, if a license is granted to me at that time, place terms, conditions, and limitations on such license.

I, David Robert Otto, 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.

It is understood and agreed that this Request for Withdrawal of Application for License Restoration 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, David Robert Otto, M.D., agree to provide my social security number to the Board and hereby authorize the Board to utilize that number in conjunction with that reporting.

Further, this Request for Withdrawal of Application shall be accepted and become effective upon the last date of signature below.

DR Otto  
David Robert Otto, M.D.

Sworn to before me on this 1<sup>st</sup> day of  
July, 2003.

(SEAL)

Rebecca L. Monks  
Notary

Accepted by the State Medical Board of Ohio:

Lance A. Talmage MD  
Lance A. Talmage, M.D., Secretary

7-9-03  
Date

Raymond J. Albert  
Raymond J. Albert, Supervising Member  
7/9/03  
Date

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