DEC 4 - 2000

WAIVER OF AUTOMATIC REINSTATEMENT PURSUANT TO SECTION 4731.281, OHIO REVISED CODE

I, Stanislav Kruglikov, 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 do hereby voluntarily, knowingly, and intelligently acknowledge that my certificate to practice medicine and surgery, No. 35-074889, lapsed on October 1, 2000, upon my failure to renew such certificate. I understand that as a result of this lapse I am not permitted to practice medicine and surgery in any form or manner in the State of Ohio. In addition, I state that I have not practiced medicine and surgery in Ohio since prior to October 1, 2000.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings based upon my history of alcohol dependency, treatment, and relapse. Further, I agree that in the event that I apply for reinstatement or restoration of my certificate to practice medicine and surgery in the State of Ohio, the Board shall have full authority to investigate my treatment and recovery history, including, but not limited to, ordering me to submit to an examination at my own expense at a Board approved treatment provider, prior to reinstating or restoring my certificate or proposing to deny my application. I further agree that, as part of my application process, I will authorize release of any and all treatment and monitoring records to the State Medical Board of Ohio.

I 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 document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code, and that information contained herein may be reported to appropriate organizations, data banks and governmental bodies. Further, this document shall be accepted and become effective upon the last date of signature below.

Signed this 17th day of October, 2000.

State of New Jersey
County of Bergen

KENNETH FLUG
A Notary Public of New Jersey
My Commission Expires 9/18/2002

Stanislav Kruglikov

Stanislav Kruglikov, M.D.

Witness

Witness

Sworn to and subscribed before me this 17th day of October, 2000.

Notary Public

SEAL **(This form must be either witnessed OR notarized)**

Accepted by the State Medical Board of Ohio:

ANAND G. GARG, M.D.
SECRETARY

12/11/00
DATE

RAYMOND J. ALBERT
SUPERVISING MEMBER

12/11/00
DATE