

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :  
:  
ARTHUR G. QUADE, D.P.M. :

**ENTRY OF ORDER**

On July 23, 2010, Arthur G. Quade, D.P.M., executed a Surrender of his license to practice podiatric medicine and surgery in 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. 36-001362 authorizing Arthur G. Quade, D.P.M., to practice podiatric medicine and surgery in the state of Ohio be permanently REVOKED, effective August 11, 2010.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 11<sup>th</sup> day of August 2010, and the original thereof shall be kept with said Journal.



Lance A. Talmage, M.D.  
Secretary

(SEAL)

August 11, 2010  
Date

**STATE OF OHIO  
THE STATE MEDICAL BOARD  
SURRENDER OF CERTIFICATE  
TO PRACTICE PODIATRIC MEDICINE AND SURGERY  
CASE NO. 09-CRF-160**

I, Arthur G. Quade, D.P.M., 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, Arthur G. Quade, D.P.M., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice podiatric medicine and surgery, License # 36.001362, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice podiatric medicine and surgery in Ohio.

I understand that as a result of the surrender herein I am no longer permitted to practice podiatric medicine and surgery in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for, reinstatement or restoration of certificate to practice podiatric medicine and surgery License # 36.001362 or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, on or after the date of signing this Surrender of Certificate to Practice Podiatric 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 podiatric medicine and surgery, License # 36.001362, 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 podiatric medicine and surgery.

I, Arthur G. Quade, D.P.M., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

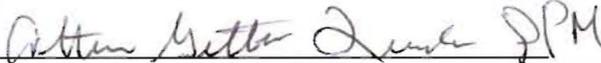
This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. I, Arthur G. Quade, D.P.M., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

Surrender of Certificate  
Arthur G. Quade, D.P.M.

I stipulate and agree that I am taking the action described herein in lieu of further formal disciplinary proceedings in Case No. 09-CRF-160 pursuant to Sections 4731.22(B)(5), (B)(20), and 4731.281 of the Ohio Revised Code, and Rules 4731-10-02, 4731-10-08 of the Ohio Administrative Code, as set forth in the Notice of Opportunity for Hearing issued by the Board on December 9, 2009, a copy of which is attached hereto and fully incorporated herein as Exhibit A.

**EFFECTIVE DATE**

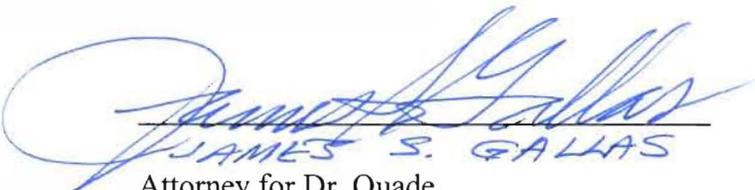
It is expressly understood that this Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Acting Supervising Member and shall become effective upon the last date of signature below.

  
ARTHUR GILBERT QUADE, D.P.M.

7-23-10  
DATE

  
LANCE A. TALMAGE, M.D.  
Secretary

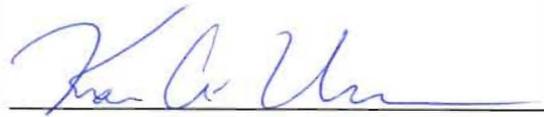
8-11-10  
DATE

  
JAMES S. GALLAS  
Attorney for Dr. Quade

U.S. MAGISTRATE JUDGE  
U.S. DIST. COURT, NO. DIST. OF OHIO  
7-23-10  
DATE

  
JACK C. AMATO, M.D.  
Acting Supervising Member

8/12/10  
DATE

  
KAREN A. UNVER  
Assistant Attorney General

8/3/10  
DATE

# State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.  
Executive Director

(614) 466-3934  
med.ohio.gov

December 9, 2009

Case number: 09-CRF- 160

Arthur G. Quade, D.P.M.  
11873 Snowville Road  
Brecksville, Ohio 44141

Dear Doctor Quade:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice podiatric medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) In your renewal application due on or about April 1, 2008, for the biennial registration of your certificate to practice podiatric medicine and surgery for the April 2, 2008 – April 1, 2010 period, you certified that during the January 2, 2006 – January 1, 2008 Continuing Medical Education [CME] cycle, you had completed or would complete the requisite hours of CME as required by Section 4731.281, Ohio Revised Code.
- (2) By certified mail letter dated November 10, 2008, the Board informed you that you were required to complete and submit a log demonstrating that you had completed at least one hundred hours of CME during the January 2, 2006 – January 1, 2008 CME cycle, and to provide documentation that, in fact, you had completed at least forty hours of Category I CME credits. Despite certifying on the aforementioned renewal application that you had completed all CME requirements, when you were notified by certified mail letter dated December 9, 2008, that you were required to provide verification of at least 100 hours of combined Category I and Category II CME, you submitted a December 11, 2008 response to the Board in which you stated you were unable to provide documentation of the required CME.

Your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2) above, individually and/or collectively, constitute “[m]aking a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the

*Mailed 12-10-09*

practice of medicine and surgery, osteopathic medicine and surgery, podiatry, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board,” as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Section 4731.281, Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-10-02, Ohio Administrative Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-10-08, Ohio Administrative Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice podiatric medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate an individual’s certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Copies of the applicable sections are enclosed for your information.

Very truly yours,

A handwritten signature in black ink that reads "Lance A. Talmage M.D." with a stylized flourish at the end.

Lance A. Talmage, M.D.  
Secretary

LAT/LLS/flb  
Enclosures

CERTIFIED MAIL #91 7108 2133 3936 3070 8983  
RETURN RECEIPT REQUESTED