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

I, Steven P. Gaynor, 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, Steven P. Gaynor, D.P.M, do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice podiatric medicine and surgery, license number 36-002273, 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 that I am no longer permitted to practice podiatric medicine and surgery in any form or manner in the State of Ohio.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(19), Ohio Revised Code, and further investigation regarding a potential violation of Section 4731.22(B)(11), (12), (13) and/or (14), Ohio Revised Code, to wit: Section 2907.06, Ohio Revised Code, Sexual Imposition, a misdemeanor of the third degree, based upon the following factual admissions:

> I admit that on or about January 19, 2002, I performed a spiritual procedure consistent with an attempted exorcism on a patient, and on several occasions in recent months have implemented spiritual healing techniques when delivering podiatric patient care. I admit that a female former employee has filed a criminal complaint against me related to alleged acts in the laboratory of my podiatric office on or about May 20, 2002, when I made contact with her breast while attempting to place my hand over her heart, while inquiring whether she could feel my healing energy. I admit that as a result of this complaint, I was charged in Fremont Municipal Court, in Fremont, Ohio, on or about August 29, 2002, with Sexual Imposition, and although it is my position that such charge is based upon unsubstantiated allegations, I acknowledge that final disposition of this matter remains pending at this time. I further admit that on or about September 19, 2002, I submitted to a mental examination, as ordered by the State Medical Board of Ohio, and that as a result of such examination the evaluating psychiatrist determined that I have the mental disorder Psychotic Disorder Not Otherwise Specified, that such mental disorder renders me presently unable to practice according to acceptable and prevailing standards of care, and that my condition is amenable to treatment.

I, Steven P. Gaynor, D.P.M., acknowledge that in the event that I again apply for a certificate to practice podiatric medicine and surgery in Ohio, or any other certificate

pursuant to Chapters 4730., 4731., 4760., or 4762., Ohio Revised Code, the Board may, based upon the violation of Section 4731.22(B)(19), Ohio Revised Code, as set forth above, or upon any other legal basis, including the results of a reactivated investigation by the Board and/or judicial disposition of my potential violation of Section 4731.22(B)(11), (12), (13) and/or (14), Ohio Revised Code, as set forth above, deny my request for licensure or, if a license is granted to me at that time, place terms, conditions, and limitations on such license. In addition, I agree that in the event that I again apply for any such certificate, the Board shall have full authority to investigate any matters pertinent to my application, including but not limited to, my ability to practice podiatric medicine 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 admitted 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 acknowledge that the Board expressly reserves the right to order me to additional evaluation(s) prior to rendering a decision regarding any such applications, including but not limited to, the right to require two 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. These reports shall be made by individuals or providers approved by the Board

I, Steven P. Gaynor, 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, and may be reported to appropriate organizations, data banks, and governmental bodies. I, Steven P. Gaynor, D.P.M., agree to provide my social security number to the Board and hereby authorize the Board to utilize that number in conjunction with that reporting.

Signed this 4th day of December, 2002.

STEVEN P. GAYNOR, D.P.M.

MICHAEL D. HALL, ESQ.
ATTORNEY FOR DR. GAYNOR

_____
Witness

_____
Witness

Sworn to and subscribed before me this 4th day of December, 2002.

Rebecca Jean Horner
Notary Public Attorney-at-Law
My Commission does not expire
unlimited

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

Accepted by the State Medical Board of Ohio:

ANAND G. GARG, M.D.
SECRETARY

12/10/02
DATE

RAYMOND J. ALBERT
SUPERVISING MEMBER

12/10/02
DATE