

**REQUEST FOR WITHDRAWAL
OF APPLICATION FOR PHYSICIAN ASSISTANT
REGISTRATION RESTORATION**

I, John McLaughlin Finley, P.A., hereby request that my pending "Application for Physician Assistant Registration Restoration" in the State of Ohio be withdrawn.

I stipulate and agree that I am taking the action described herein in lieu of further investigation related to possible violations of Section 4730.25(B)(4), Ohio Revised Code, based upon the following facts:

I admit that I have received in-patient and out-patient treatment over the course of several years at a variety of Veterans Administration Medical Centers throughout the country and that my medical records reflect diagnoses that include, but are not limited to, paranoia; paranoid personality disorder; major depressive disorder; major depressive affective disorder; dysthymic disorder; neurotic depression; partial epilepsy; convulsions; avoidant personality; organic affective syndrome; organic brain syndrome, not elsewhere classified; unspecified psychosis; simple type schizophrenia, chronic state; and residual schizophrenia. I further admit that I have abandoned psychiatric care during three in-patient admissions by failing to return to the hospital after leaving without authorization.

In addition, I agree that in the event that I again apply for restoration of my physician assistant registration 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 another 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, a written report 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. The report shall be based upon an examination occurring within the 90 days immediately preceding my

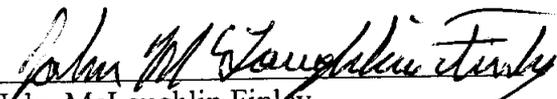
application for reinstatement and shall be made by a psychiatrist chosen by the Board, who shall conduct an examination of me regarding my psychiatric status. Prior to the examination, I shall provide the psychiatrist with copies of patient records from any evaluations and/or treatment that I have received, a copy of this "Request for Withdrawal of Application for Physician Assistant Registration Restoration" and any other information that I or the Board deems may be appropriate or helpful to the evaluating psychiatrist. The report from the evaluating psychiatrist shall include the psychiatrist's diagnosis and conclusions; any recommendations for care, counseling, and treatment for the psychiatric diagnosis; any conditions, restrictions, or limitations that should be imposed on my practice; and the basis for the psychiatrist's determinations.

I, John McLaughlin Finley, acknowledge that in the event that I again apply for restoration of my physician assistant registration 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, John McLaughlin Finley, 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.

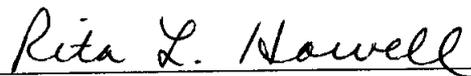
It is understood and agreed that this "Request for Withdrawal of Application for Physician Assistant Registration Restoration" shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code, and may be reported to appropriate organizations, data banks, and governmental bodies. I, John McLaughlin Finley, agree to provide my social security number to the Board and hereby authorize the Board to utilize that number in conjunction with that reporting.

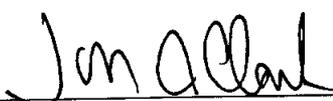
Further, this "Request for Withdrawal of Application for Physician Assistant Registration Restoration" shall be accepted and become effective upon the last date of signature below.


John McLaughlin Finley

Sworn to before me on this 23rd day of
MAY, 2003.

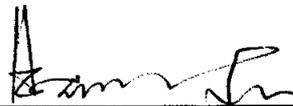
(SEAL)


Notary **RITA L. HOWELL - NOTARY PUBLIC**
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES SEPTEMBER 1, 2008


John Clark, Attorney for Mr. Finley
Acting as Cousin & Friend

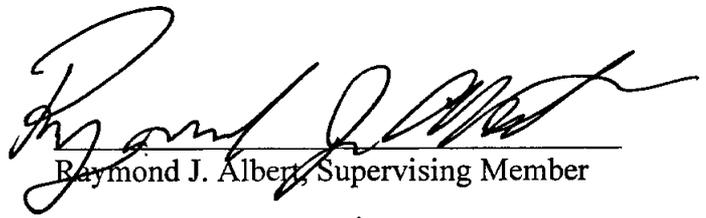
5/20/03
Date

Accepted by the State Medical Board of Ohio:



Anand G. Garg, M.D., Secretary

6/9/03
Date



Raymond J. Albert, Supervising Member

6/12/08
Date