

**STATE OF OHIO
THE STATE MEDICAL BOARD
NON-PERMANENT SURRENDER OF CERTIFICATE
OF REGISTRATION AS A PHYSICIAN ASSISTANT**

I, Kelle Tuck, P.A., am aware of the right to representation by counsel, which I have exercised; the right of being formally charged; and the right to have a formal adjudicative hearing. I do hereby freely execute this document and choose to take the actions described herein.

I, Kelle Tuck, P.A., do hereby voluntarily, knowingly, and intelligently surrender my certificate of registration as a physician assistant, Certificate # 50.000673, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice as a physician assistant in Ohio.

I, Kelle Tuck, P.A., stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4730.25(B)(5), Ohio Revised Code, and Section 4730.25(B)(12), Ohio Revised Code, to wit: Deception to Obtain a Dangerous Drug, Section 2925.22, Ohio Revised Code, and/or Illegal Processing of Drug Documents, Section 2925.23, Ohio Revised Code, based on the following facts:

I admit that on or about November 11, 2004, I was arrested related to alleged drug-seeking behavior that occurred in Allen County, Ohio. I further admit that such criminal charges remain pending at this time.

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

In addition, I agree that in the event that I apply for reinstatement or restoration of my certificate of registration as a physician assistant 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 herein 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 future 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, written certification from a treatment provider approved under Section 4731.25 of the Revised Code that I have successfully completed any required inpatient treatment, including at least twenty-eight days of in-patient or residential treatment for chemical dependence, as set forth in Rules 4731-16-02(B)(4)(a) and 4731-16-08(A)(13), Ohio Administrative Code, completed consecutively; evidence of continuing full compliance with a post-discharge aftercare contract with a treatment provider approved under Section 4731.25 of the Revised Code; documentation of uninterrupted sobriety for a period of not less than one year immediately preceding the date upon which I submit any future application; and 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 based upon an examination occurring within the ninety days immediately preceding my application and shall be made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board. Prior to the examination, I shall provide the evaluators with copies of patient records from any evaluations and/or treatment that I have received, and a copy of this agreement. The reports from the evaluators shall include any recommendations for treatment, monitoring, or supervision regarding me, and any conditions, restrictions, or limitations that should be imposed on my practice. The reports shall also describe the basis for the evaluator's determinations.

I, Kelle Tuck, P.A., acknowledge that in the event that I apply for reinstatement or 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 herein or upon any other legal basis, deny my request for registration or, if a certificate is granted to me at that time, place terms, conditions, and limitations on such registration or certificate.

I, Kelle Tuck, P.A., 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, Kelle Tuck, P.A., 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.

Signed this 14 day of FEBRUARY, 2005.

Kelle Tuck, P.A.
Kelle Tuck, P.A.

Gregory M. Novak
Gregory M. Novak, Esq.
Attorney for Ms. Tuck

WIM L. ...
Witness

Sworn to and subscribed before me this 14 day of February, 2005.

Gregory M. Novak
Notary Public
GREGORY M. NOVAK, Notary Public
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES ON DATE
SECTION 147-01-2.C.

SEAL (This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

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

Raymond J. Albert
Raymond J. Albert
Supervising Member

2-23-05
Date

2/23/05
Date