

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :
:
DONNA M. GAMERO, P.A. :

ENTRY OF ORDER

On November 30, 2006, Donna M. Gamero, P.A., executed a Surrender of her certificate to practice as a physician assistant 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. 50-000737 authorizing Donna M. Gamero, P.A., to practice as a physician assistant be permanently REVOKED, effective December 13, 2006.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 13th day of December 2006, and the original thereof shall be kept with said Journal.



Lance A. Talmage, M.D.
Secretary

(SEAL)

December 13, 2006
Date

**STATE OF OHIO
THE STATE MEDICAL BOARD
SURRENDER OF CERTIFICATE
TO PRACTICE AS A PHYSICIAN ASSISTANT**

I, Donna M. Gamero, P.A., 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, Donna M. Gamero, P.A., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice as a physician assistant, No. 50.000737, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice as a physician assistant in Ohio.

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

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice as a physician assistant, No. 50.000737 or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, on or after the date of signing this Surrender of Certificate to Practice as a Physician Assistant. 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 as a physician assistant, No. 50.000737, in conjunction with which I expressly waive the provision of Section 4730.25(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 as a physician assistant.

I, Donna M. Gamero, 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, Donna M. Gamero, P.A.,

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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.

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

I 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, related to my relapse on Xanax, and Section 4730.25(B)(12), Ohio Revised Code, to wit: Section 2925.22, Ohio Revised Code, Deception to Obtain a Dangerous Drug, related to my writing a prescription for Xanax for myself under a physician's name, without that physician's knowledge.

Signed this 30 day of November, 2006.

Donna M. Gamero P.A.
DONNA M. GAMERO, P.A.

Kelly R. Courie
WITNESS

Jennifer A. Knapp
WITNESS

Sworn to and subscribed before me this 30th day of November, 2006.

SEAL

Kelly R. Courie
NOTARY PUBLIC

(This form must be either witnessed OR notarized)

Lance A. Talmage M.D.
LANCE A. TALMAGE, M.D.
SECRETARY

12-13-06
DATE

**KELLY R. COURIE, NOTARY
STATE OF OHIO
MY COMMISSION EXPIRES 10/02/11**
Raymond J. Albert
RAYMOND J. ALBERT
SUPERVISING MEMBER

12/13/06
DATE

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