BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :

:

JAMES THOMAS FAUST, P.A. :

**ENTRY OF ORDER**

On October 12, 2004, James Thomas Faust, P.A., executed a Surrender of his Certificate of Registration as a Physician Assistant in the State of Ohio with a consent to revocation, which document is attached hereto and fully incorporated herein.

In consideration of the foregoing and of Mr. Faust's express waiver of the provision of Section 4730.25(B), Ohio Revised Code, requiring that six (6) Board members vote to revoke said certificate, it is hereby ORDERED that Certificate No. 50-001214 issued to James Thomas Faust, P.A., be permanently REVOKED, effective October 14, 2004.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 14th day of October 2004, and the original thereof shall be kept with said Journal.

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

(SEAL)

October 14, 2004
Date

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

I, James Thomas Faust, 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, James Thomas Faust, P.A., do hereby voluntarily, knowingly, and intelligently surrender my certificate of registration as a physician assistant, No. 50-001214, 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 that 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 of registration to practice as a physician assistant, No. 50-001214, 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 of Registration 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 of registration as a physician assistant, No. 50-001214, 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 of registration as a physician assistant.

I, James Thomas Faust, 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, James Thomas Faust, 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.

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, based upon facts including that I suffer from an inability to practice as a physician assistant due to chemical dependence.

Signed this 12th day of October 2004.

JAMES THOMAS FAUST, P.A.

Witness

Witness

Sworn to and subscribed before me this 12th day of October, 2004.

LINDA C. BOLTON
Notary Public, State of Ohio
My Commission Expires 07-16-06

Notary Public

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

Accepted by the State Medical Board of Ohio:

LANCE A. TALMAGE, M.D.
SECRETARY

10-14-04
DATE

RAYMOND J. ALBERT
SUPERVISING MEMBER

10/14/04
DATE