

Columbus

VOLUNTARY SURRENDER OF LICENSE

TO PRACTICE PODIATRY

I, JOHN WILLIAM MOONEY, 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, JOHN WILLIAM MOONEY, D.P.M., do hereby voluntarily, knowingly, and intelligently surrender my license to practice podiatry No. 936, to the Ohio State Medical Board.

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

Signed this 25 day of February, 19 80 in the office of John William Mooney, DPM.

John William Mooney, DPM

E. M. Valentini  
WITNESS  
George C. P. [unclear]  
WITNESS

Sworn to and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public