STATE OF OHIO
THE STATE MEDICAL BOARD
REQUEST FOR WITHDRAWAL OF APPLICATION
FOR CERTIFICATE TO PRACTICE MASSAGE THERAPY

I, Jessica Lynne Cimo, hereby request that my pending Application for Certificate to Practice a Limited Branch – Massage Therapy in the State of Ohio be withdrawn.

Further, I agree that in the event I again apply for a certificate to practice massage therapy, or 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 and all matters pertinent to my application, including but not limited to, any evaluation, treatment, and/or recovery history. I further agree that, as part of any future application process, I will authorize release of any and all evaluation, treatment, and monitoring records to the Board. Further, I understand that following any future application the Board may require that I submit to an evaluation. In addition, I understand that the Board reserves the right to deny any such future application, as well the right to pursue disciplinary action against me, if it determines that it has a reason to pursue such measures as prescribed by Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code. Further, I acknowledge that in the event that I again apply for a certificate to practice massage therapy in Ohio, or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, the Board may, based upon a violation of Section 4731.22(B)(26), Ohio Revised Code, 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.

Further, I, Jessica Lynne Cimo, acknowledge that in the event I again apply for a certificate to practice massage therapy, the Board may require additional evidence of my present fitness to practice, to include requiring me to pass an oral or written exam, or both.

I, Jessica Lynne Cimo, 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 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, Jessica Lynne Cimo, 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 further investigation and/or formal disciplinary proceedings pursuant to Section 4731.22(B)(26), Ohio Revised Code, as I desire not to submit at this time to a 72-hour inpatient evaluation, which I understand the Board intends to order me to complete as part of its investigation related to the disclosure on my pending application to practice massage therapy that I have been convicted to two drug-related misdemeanor offenses.

OHIO STATE MEDICAL BOARD

MAR 19 2007

It is expressly understood that this Request for Withdrawal of Application 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.

Jessica L. Cimo
JESSICA LYNNE CIMO

Sworn to before me on this 11th day of March, ~~2006~~ 2007

(SEAL)

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Billene Kilgore, Notary Public
City of Hermitage, Mercer County
My Commission Expires Sept. 25, 2007
Member, Pennsylvania Association of Notaries

NOTARY PUBLIC

LANCE A. TALMAGE, M.D.
SECRETARY

RAYMOND J. ALBERT
SUPERVISING MEMBER

4-11-07
DATE

4/11/07
DATE

OHIO STATE MEDICAL BOARD
MAR 19 2007
RECEIVED