

~~STATE MEDICAL BOARD~~  
~~STATE OF OHIO~~  
~~THE STATE MEDICAL BOARD~~  
~~REQUEST FOR PERMANENT WITHDRAWAL OF~~  
**APPLICATION FOR CERTIFICATE TO PRACTICE A LIMITED BRANCH**  
**MASSAGE THERAPY**

I, Charles D. Phillips, hereby request that my pending application for a certificate to practice massage therapy in the State of Ohio be withdrawn.

Further, I agree that I will not at any time apply for a certificate to practice massage therapy in the State of Ohio, or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, and that any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, Charles D. Phillips, 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.

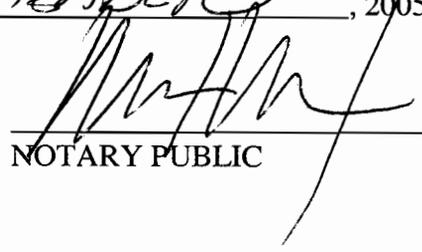
It is understood and agreed that this Request for Permanent Withdrawal of Application is a disciplinary action and shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. I, Charles D. Phillips, 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.

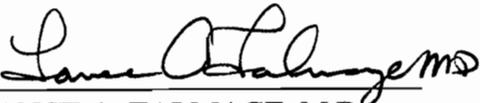
I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(13), Ohio Revised Code, based upon my having pled no contest to and been found guilty of one count of violation of Section 2907.09(A)(2), Ohio Revised Code, Public Indecency.

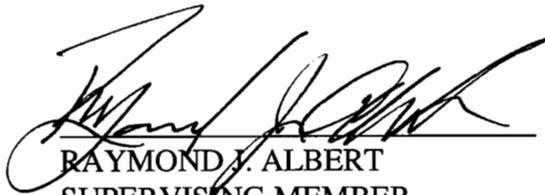
It is expressly understood that this Permanent Withdrawal of Application is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

  
\_\_\_\_\_  
CHARLES D. PHILLIPS

Sworn to before me on this 28<sup>th</sup> day of SEPTEMBER, 2005.  
(SEAL)

  
\_\_\_\_\_  
NOTARY PUBLIC

  
\_\_\_\_\_  
LANCE A. TALMAGE, M.D.  
SECRETARY  
  
10-19-05  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
RAYMOND J. ALBERT  
SUPERVISING MEMBER  
  
10/12/05  
\_\_\_\_\_  
DATE

STATE MEDICAL BOARD  
OF OHIO  
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