

OHIO STATE MEDICAL BOARD
NOV 04 2005

**STATE OF OHIO
THE STATE MEDICAL BOARD
REQUEST FOR WITHDRAWAL OF
APPLICATION FOR MASSAGE LICENSURE**

I, Aimee Jo Gintz, hereby request that my pending application for a certificate to practice massage therapy in the State of Ohio be withdrawn.

I stipulate and agree that I am taking the action described herein in lieu of further investigation of possible violations of Sections 4731.22(B)(19) and (B)(26), Ohio Revised Code, based upon the following facts:

I have received medical treatment for diagnoses including, but not limited to, bipolar disorder, mood disorder, anxiety disorder, personality disorder, and polysubstance dependence.

Further, I agree that I will not, at any time sooner than five years following the effective date of my withdrawal of application for massage licensure, 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 within that five-year period shall be considered null and void and shall not be processed by the Board.

Further, I agree that in the event that I again apply for a certificate to practice massage therapy in the State of Ohio after five years from the effective date of my withdrawal of application, the State Medical Board of Ohio shall have full authority to investigate any matters pertinent to my application, including but not limited to, my ability to practice massage therapy according to acceptable and prevailing standards of care and any criminal, civil, administrative, and/or disciplinary matters concerning me, or any of my other acts, conduct, and/or omissions, either presently known or unknown to the Board, and irrespective of whether such investigation concerns matters that have occurred in the past or arise in the future. I further agree that, as part of any future application process, I will authorize release to the State Medical Board of Ohio of any and all documents related to my compliance with and/or monitoring by any agency responsible for regulating the practice of massage therapy in another jurisdiction; practitioners health committee or other chemical dependency aftercare program; and health care providers, including but not limited to, treatment related to alcohol or chemical dependence and/or to mental health diagnoses. I further agree to submit to examinations or evaluations at my expense if the Board directs me to do so.

Further, I acknowledge that in the event that I again apply for a certificate to practice massage therapy in the State of Ohio after five years from the effective date of my withdrawal of application, the State Medical Board of Ohio may, based upon any violation of Section 4731.22, Ohio Revised Code, including violations of Sections 4731.22(B)(19) and/or (B)(26), Ohio Revised Code, based in whole or in part upon the facts set forth

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above, 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.

I, Aimee Jo Gintz, 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, Aimee Jo Gintz, 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 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.

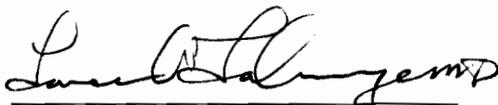

AIMEE JO GINTZ

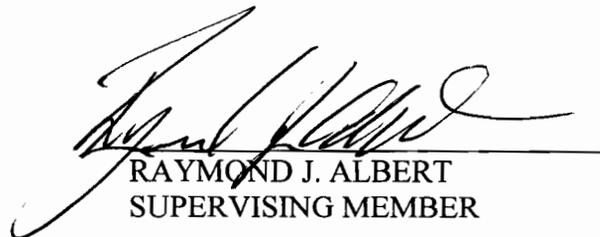
Sworn to before me on this 3rd day of November, 2005.

(SEAL)

Carri A. Brandt
Notary Public, State of Ohio
My Commission Expires 9/30/07


NOTARY PUBLIC


LANCE A. TALMAGE, M.D.
SECRETARY


RAYMOND J. ALBERT
SUPERVISING MEMBER

11-9-05
DATE

11/9/05
DATE