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

I, Katherine Marie McGlothlin, hereby request that my pending application for a certificate to practice massage therapy in the State of Ohio be withdrawn.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 a violation of Section (B)(26), Ohio Revised Code. Further, I admit that the factual and legal allegations underlying my taking the action described herein include the following:

I admit that on or about August 16, 2007, I caused to be submitted to the Board an Application to Practice a Limited Branch – Massage Therapy, wherein I indicated that I had previously been convicted of a crime, other than a minor traffic offense. I admit that my criminal background can be summarized as follows: On or about July 6, 2005, in the Canton Municipal Court, Canton, Ohio, I pled no contest to, and was found guilty of Driving or Physical Control while under the Influence, and Endangering Children; on or about April 24, 2001, in the Carroll County Court, Carrollton, Ohio, I pled no contest to, and was found guilty of Operating a Motor Vehicle under the Influence of Alcohol or Drugs, Seat Safety Belt or Anchorage Units Required, and Operation without Being in Reasonable Control; on or about March 27, 1997, in the Massillon Municipal Court, Massillon, Ohio, I pled guilty to, and was found guilty of Possession of a Controlled Substance, to wit, Marijuana. Further, I acknowledge that I have received treatment for alcohol dependence at Quest Recovery Services in North Canton, Ohio, as well as Northeast Ohio Behavioral Health in North Canton, Ohio.

I admit that due to recently having given birth, I requested that the Board postpone scheduling of a chemical dependency evaluation related to my pending application for a certificate to practice massage therapy.

I understand and agree that in the event I again apply for a certificate to practice massage therapy, or apply for any other certificate pursuant to the authority of the State Medical Board of Ohio, I may be required to submit to a chemical dependency evaluation, and if determined to be impaired, understand and agree that I will be required to successfully complete all treatment as set forth in the statutes and rules at the time I apply for any such certificate.

I further understand and agree that in the event I apply, 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 according to acceptable and prevailing standards of care, and

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any criminal, civil, administrative, and/or disciplinary matters concerning me, regardless of whether such investigation relates to the facts stipulated in this Request for Withdrawal of Application 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 may have occurred in the past or arise in the future. I further agree that, as part of any future application process, I shall provide authorization, through appropriate written consent forms, for release and disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment related to my compliance with and/or monitoring by: any agency responsible for monitoring the regulation of any certificate I hold or may hold in the future in this or any other jurisdiction; chemical dependency advocacy or aftercare programs; health care providers, including but not limited to, treatment records related to alcohol or chemical dependence and/or psychiatric conditions; and/or any and all documents related to any court orders or my participation in any drug diversion program.

I understand and agree that failure to meet any of the terms and conditions found in this Request for Withdrawal of Application shall cause any future application for massage therapy licensure, or for issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, to be considered null and void, and shall not be processed by the State Medical Board of Ohio.

I understand and agree that, in the event that I apply for massage therapy licensure, or for issuance of any other certificate issued by the State Medical Board of Ohio, the State Medical Board of Ohio may deny my request or place terms and conditions upon a certificate if issued, based upon any violation of Section 4731.22, Ohio Revised Code, or upon any other legal basis.

I, Katherine Marie McGlothlin, 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, Katherine Marie McGlothlin, 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.

EFFECTIVE DATE

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.

Katherine Marie McGlothlin
KATHERINE MARIE MCGLOTHLIN

01/02/10
DATE

Lance A. Talmage MD
LANCE A. TALMAGE, M.D.
Secretary

1-13-10
DATE

Raymond J. Albert
RAYMOND J. ALBERT
Supervising Member

1/13/10
DATE

Daniel S. Zinsmaster, Esq.
DANIEL S. ZINSMASER, ESQ.
Enforcement Attorney

1/5/2010
DATE

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OF OHIO

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