OHIO STATE MEDICAL BOARD

AUG 0 3 2006

STATE OF OHIO
THE STATE MEDICAL BOARD
REQUEST FOR WITHDRAWAL OF
APPLICATION FOR TRAINING CERTIFICATE

I, Michael John Len, M.D., hereby request that my pending application for a training certificate in the State of Ohio be withdrawn.

Further, I, Michael John Len, M.D., understand and agree that in the event that I again apply for a training certificate, or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, the State Medical Board of Ohio [Board] shall have full authority to investigate any and all matters pertinent to my application, including but not limited to, any actions taken by an agency responsible for regulating the practice of medicine and surgery, any criminal offenses or acts constituting a criminal offense, and matters relating to my ability to practice medicine and surgery according to acceptable and prevailing standards of care. 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 training certificate in Ohio, or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, the Board may, based upon the violation of Sections 4731.22(B)(9) and (B)(22), Ohio Revised Code, as set forth above, or upon any other legal basis, initiate formal disciplinary action against my training certificate or my application for full licensure, including but not limited to, limiting, revoking, permanently revoking, suspending, refusing to register or reinstate my certificate, or to reprimand me or place me on probation, or if a training certificate or license to practice medicine is granted to me at that time, place terms, conditions, and limitations on such training certificate or license.

I, Michael John Len, M.D., 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, Michael John Len, M.D., 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 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.

Further, I state that I am making this Request for Withdrawal of Application because I have recently been informed by University Hospitals of Cleveland that the funding for a position in a fellowship program was no longer available, and as a result there was no position open for me. I

stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(9) and (B)(22), Ohio Revised Code. I further stipulate that in or about April 2002 the Michigan Board of Medicine summarily suspended my license to practice medicine based upon my plea of guilty to Unlawful Distribution of Hydrocodone, the order of summary suspension was dissolved in or about November 2002, and my license in Michigan is currently subject to certain probationary terms and conditions, which matters I disclosed on my training certificate application.

Michael J Len, MD
MICHAEL JOHN LEN, M.D.

Sworn to before me on this 25th day of July, 2006.

(SEAL)

AMBER LEIGH DAVIS
NOTARY PUBLIC MACOMB CO., MI
MY COMMISSION EXPIRES Nov 11, 2008
ACTING IN OAKLAND COUNTY, MI

Amber Leigh Davis
NOTARY PUBLIC

In that the State Medical Board of Ohio has ratified Dr. Len's Request for Withdrawal of Application for Training Certificate, the undersigned hereby accept said Request for Withdrawal on behalf of the State Medical Board of Ohio:

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

8-9-06
DATE

RAYMOND J. ALBERT
SUPERVISING MEMBER

8/9/06
DATE

OHIO STATE MEDICAL BOARD
AUG 0 3 2006