STATE OF OHIO
THE STATE MEDICAL BOARD
REQUEST FOR WITHDRAWAL OF
APPLICATION FOR PHYSICIAN ASSISTANT LICENSURE

I, Salvatore Angelo Manno, P.A., hereby request that my pending application for a certificate to practice as a physician assistant in the State of Ohio be withdrawn. I state that, after submitting my application for a certificate to practice as a physician assistant in the State of Ohio, I accepted another position in Michigan and do not intend to practice as a physician assistant in the State of Ohio.

I agree that, in the event that I again apply for a certificate to practice as a physician assistant in the State of Ohio, or for the issuance of any certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, the State Medical Board of Ohio shall have full authority to investigate matters pertinent to my application, and may, based upon any legal basis, deny my request for licensure or, if a license is granted to me, place terms conditions and limitations on such license. I further agree that, as part of any future application process, in addition to fulfilling all other requirements, I will provide the Board with any and all records concerning evaluations and/or treatments for any and all medical, psychiatric and/or impairment conditions or issues. I also agree, that, at the time of any application or reapplication, I will submit to any and all evaluations requested by the Board pursuant to Section 4730.25(B)(4), Ohio Revised Code, and/or any other Ohio Revised Code Chapter and/or Section that may be applicable at said time.

I, Salvatore Angelo Manno, P.A., 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, Salvatore Angelo Manno, P.A., 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.

OHIO STATE MEDICAL BOARD

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I stipulate and agree that I am taking the action described herein in lieu of further investigation pursuant to Section 4730.25(B)(4), Ohio Revised Code, based upon the following: By certified letter dated November 9, 2006, the Board ordered me to undergo a psychiatric evaluation due, in part, to my history of having depressive episodes and being subject to a monitoring agreement in the state of Michigan.

Salvatore A. Manno PA-C
SALVATORE ANGELO MANNO, P.A.

Sworn to before me on this 8th day of December, 2006.

(SEAL)

Rebecca J. Nethercott
NOTARY PUBLIC

REBECCA J. NETHERCOTT
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF EMMET
My Commission Expires August 7, 2011
Acting in the County of Emmet

In that the State Medical Board of Ohio has ratified Mr. Manno's Request for Withdrawal of Application of Physician Assistant Licensure, 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

12-13-06
DATE

RAYMOND J. ALBERT
SUPERVISING MEMBER

12/18/06
DATE

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