

**STATE OF OHIO  
THE STATE MEDICAL BOARD  
VOLUNTARY PERMANENT RETIREMENT  
FROM THE PRACTICE OF MEDICINE AND SURGERY**

**Do not sign this agreement without reading it. An individual who permanently retires a certificate issued by the Board is forever thereafter ineligible to hold a certificate to practice or to apply to the Board for reinstatement of the certificate or issuance of any new certificate. You are permitted to be accompanied, represented and advised by an attorney, at your own expense, before deciding to sign this voluntary agreement.**

I, Franklin Bruce Price, M.D., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, Franklin Bruce Price, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery effective upon the last date of signature below.

I, Franklin Bruce Price, M.D., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, #35.030162, to the State Medical Board of Ohio [Board].

I understand that as a result of the surrender herein I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio

I agree that I shall be ineligible for, and shall not apply for, reinstatement or restoration of certificate to practice medicine and surgery License #35.030162 or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, on or after the date of signing this Voluntary Permanent Retirement from the Practice of Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, Franklin Bruce Price, 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.

This document 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, Franklin Bruce Price, 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.

I stipulate and agree that I am taking the action described herein in lieu of further investigation into a possible violation of Section 4731.22(19), Ohio Revised Code, related to seizures I have recently been experiencing, as well as my desire to retire from active practice after being licensed for more than fifty years.

**EFFECTIVE DATE**

It is expressly understood that this Voluntary Permanent Retirement 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 specifically acknowledge that the electronic transmission of a scanned or photostatic copy of any executed signature to this Voluntary Permanent Retirement, upon being received by the Board, shall be deemed to have the full legal force and effect as the original.

Franklin Bruce Price, M.D.  
FRANKLIN BRUCE PRICE, M.D.

10/28/2019  
DATE

Kim G. Rothermel, M.D.  
KIM G. ROTHERMEL, M.D.  
Secretary

11/13/19  
DATE

Bruce R. Saferin, D.P.M.  
BRUCE R. SAFERIN, D.P.M.  
Supervising Member

11-13-19  
DATE

Lindsay A. Miller  
LINDSAY A. MILLER  
Enforcement Attorney

11/12/2019  
DATE