

BEFORE THE ALASKA STATE MEDICAL BOARD
ALASKA DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

In the matter of:)
)
VERNER STILLNER,)
)
Respondent.)

Case Nos. 2018-000222 and 2019-000460

VOLUNTARY SURRENDER OF PHYSICIAN LICENSE

I, Verner Stillner, voluntarily surrender my Alaska Physician License No. MEDS4023, which was first issued to me on March 17, 1998, and which lapsed on December 31, 2018.

I am surrendering my license at this time for the reason I reside in Washington and I no longer want to endure the burden of complying with the Consent Agreement, Decision and Order adopted on November 1, 2018, in Case No. 2018-000222. I am a retired physician and have not worked in the state of Alaska as a physician since my license lapsed on December 31, 2018, and do not anticipate working as a physician in Alaska in the foreseeable future.

I understand because of this surrender, I cannot act as a physician in the state of Alaska and will not be able to do so until the Board approves reinstatement of this license or issuance of a new license to me. I also understand before I may again act as a physician in Alaska, I will need to demonstrate to the Board I possess the skills and knowledge to work as a physician in Alaska. I further understand I may be required to reapply and meet the initial licensing requirements under AS 08.64 and 12 AAC 40. In the event a request for a physician license is made and denied by the Board, I have the right to a hearing pursuant to the Administrative Procedure Act (AS 44.62).

I also understand that should I return to practice medicine in Alaska, I will be required to comply with the unsatisfied terms of the Consent Agreement, Decision and Order adopted by the Board in Case No. 2018-000222.

I understand this action shall take effect immediately upon its adoption by the Board and is a public record of the Board and the State of Alaska. The State of Alaska may provide a copy of this agreement and order to any person, professional licensing board, federal, state, or local government agency, or other entity making a relevant inquiry. This license action will be reported to the Federation of State Medical Boards and any other entities as may be required by law.

I am hereby surrendering this license and relinquishing my right to an administrative hearing voluntarily and of my own free will. I declare I am not under the influence of any medication, drugs, or other substances that would affect my ability to consider this action clearly and rationally.

* * * *

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1 I further declare there have been no promises or threats made to me by anyone to compel me
2 to sign this document. I have read this document in its entirety and understand its contents and agree
3 to be bound by its terms and conditions.

4 Date

10/11/19

Verner Stillner
VERNER STILLNER

5 SUBSCRIBED AND SWORN TO before me this 11 day of October,
6 2019, at Gig Harbor, Washington.

7 Adam Bucholz
8 Notary Public in and for Washington

9 SEAL

My commission expires: 09/06/2022

10 Notary Public
11 State of Washington
12 Adam Bucholz
13 Commission No. 203066
14 Commission Expires 09-06-2022

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ORDER

The Alaska State Medical Board, having examined the Voluntary Surrender of Physician License *in the matter of Verner Stillner*, Physician License No. MEDS4023, Case Nos. 2018-000222 and 2019-000460, hereby adopts the surrender in its entirety, effective immediately.

DATED this 7th day of November, 2019, at Anchorage, Alaska.

ALASKA STATE MEDICAL BOARD

By: Catherine Hyndman MD
Chairperson