

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

Re: Ann M. Oberkirch, M.D.
License No.: 014189

Petition No. 2015-902

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Ann. M. Oberkirch, M.D., being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice as a physician and surgeon. I presently hold license number 014189.
4. I hereby voluntarily surrender my license to practice as a physician and surgeon in the State of Connecticut as provided pursuant to Section 19a-17(d) of the General Statutes.
5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2015-902 shall not be contested. I further understand that any such application must be made to the Department which shall have discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions as provided pursuant to Section 19a-14(a)(6) of the General Statutes.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Number 2015-902 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this surrender my license is an event that is reportable to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services, will appear on my physician profile pursuant to Connecticut General Statutes 20-13j, and is public information.
9. Within ten days of the Department's execution of this document, I agree to surrender my state and federal Controlled Substance Registrations to the issuing authorities.

10. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2015-902.
11. I understand that I have the right to consult with an attorney prior to signing this affidavit.
12. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
13. I understand that the purpose of this agreement is to resolve the pending matter against my license and is not intended to affect any claim of civil liability that might be brought against me.
14. If applicable, I agree to comply with the provision of Section 19a-14-44 Regulations Connecticut State Agencies.

Ann M. Oberkirch, M.D.

 Ann M. Oberkirch, M.D.

Subscribed and sworn to before me this 2nd day of October 2018.

VIRGINIA M. LOYER
NOTARY PUBLIC
 MY COMMISSION EXPIRES FEB. 28, 2023

Virginia M. Loyer

 Notary Public
 Commissioner of Superior Court

Accepted: *Christian D. Andresen*
 Christian D. Andresen, Section Chief
 Practitioner Licensing and Investigations Section
 Healthcare Quality and Safety Branch

10-3-18

 Date