

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Docket No. 12-241

_____)
 In the Matter of)
)
 RAYMOND KAM, M.D.)
 Registration No. 155699)
 _____)

VOLUNTARY AGREEMENT NOT TO PRACTICE MEDICINE

1. I agree to cease my practice of medicine in the Commonwealth of Massachusetts effective immediately.

2. This Agreement will remain in effect until the Board of Registration in Medicine (Board) determines that this Agreement should be modified or terminated; or until the Board takes other action against my license to practice medicine; or until the Board takes final action on the above-referenced matter.

3. I am entering this Agreement voluntarily.

4. I understand that this Agreement is a public document and may be subject to a press release.

5. I understand that this action will be reported by the Board to the appropriate federal data banks and national reporting organizations, including the National Practitioner Data Bank, the Health Care Integrity and Protection Data Bank, and the Federation of State Medical Boards.

6. Any violation of this Agreement shall be prima facie evidence for immediate summary suspension of my license to practice medicine.

7. I understand that by voluntarily agreeing not to practice medicine in the Commonwealth of Massachusetts pursuant to this Agreement, I do not waive my right to contest any allegations brought against me by the Board and my signature to this Agreement does not constitute any admissions on my part. Nothing contained in this Agreement shall be construed as an admission or acknowledgment by me as to wrongdoing of any kind in the practice of medicine or otherwise.

