

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

:

:

TONI LOUISE CARMAN, M.D.

:

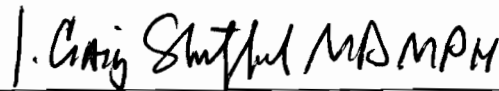
ENTRY OF ORDER

On July 2, 2013, Toni Louise Carman, M.D., executed a Surrender of her license to practice medicine and surgery in Ohio with consent to permanent revocation, which document is attached hereto and fully incorporated herein.

Wherefore, upon ratification by the Board of the surrender, it is hereby ORDERED that Certificate No. 35-051505 authorizing Toni Louise Carman, M.D., to practice medicine and surgery in the state of Ohio be permanently REVOKED.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 10th day of July 2013, and the original thereof shall be kept with said Journal.

(SEAL)



J. Craig Strafford, M.D., M.P.H.
Secretary

July 10, 2013

Date

STATE OF OHIO
THE STATE MEDICAL BOARD
PERMANENT SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY
13-CRF-053

2013 JUL -3 AM 10:23

STATE MEDICAL BOARD
OF OHIO

Do not sign this agreement without reading it. An individual who permanently surrenders 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, Toni Louise Carman, 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, Toni Louise Carman, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, License #35.051505, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice medicine and surgery in Ohio. Further, I acknowledge that I have not been legally authorized to practice medicine and surgery in Ohio since on or about April 1, 2013, the date upon which my certificate expired due to non-renewal. Further, 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 #35.051505 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 Permanent Surrender of Certificate to Practice Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order permanently revoking my certificate to practice medicine and surgery, License #35.051505, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice medicine and surgery.

I, Toni Louise Carman, M.D., hereby release the Board, its members, employees, agents, officers and representatives 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

2013 JUL -3 AM 10:23

banks and governmental bodies. I, Toni Louise Carman, 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 admit to all factual and legal allegations as set forth in the Notice of Opportunity for Hearing issued to me by the Board on or about June 12, 2013, a copy of which is attached hereto and incorporated herein.

EFFECTIVE DATE

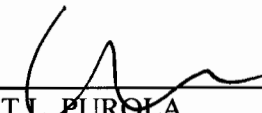
It is expressly understood that this Permanent Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

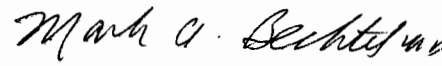

TONI LOUISE CARMAN, M.D.

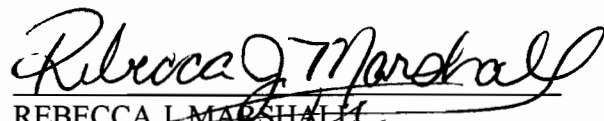
July 2, 2013
DATE


J. CRAIG STRAFFORD, M.D., M.P.H.
Secretary

July 10, 2013
DATE


ALBERT L. FUROLA
Attorney for Dr. Carman
7/2/13
DATE


MARK A. BECHTEL, M.D.
Supervising Member
7/10/2013
DATE


REBECCA J. MARSHALL
Chief Enforcement Attorney
July 3, 2013
DATE

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

(614) 466-3934
med.ohio.gov

June 12, 2013

Case number: 13-CRF- 053

Toni Louise Carman, M.D.
24800 Highpoint Rd., Ste. B
Beachwood, Ohio 44122

Dear Doctor Carman:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) On or about December 31, 2012, you executed a Voluntary Surrender of Controlled Substances Privileges [Voluntary Surrender] to the U.S. Department of Justice – Drug Enforcement Administration [DEA] based upon your alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of your good faith to remedy any incorrect or unlawful practices on your part.

A copy of the Voluntary Surrender is attached hereto and incorporated herein.

The Voluntary Surrender as alleged in paragraph (1) above, constitutes “[t]he revocation, suspension, restriction, reduction, or termination of clinical privileges by the United States department of defense or department of veterans affairs or the termination or suspension of a certificate of registration to prescribe drugs by the drug enforcement administration of the United States department of justice,” as that clause is used in Section 4731.22(B)(24), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

Mailed 6-13-13

STATE MEDICAL BOARD
OF OHIO
2013 JUL -3 AM 10:23

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,



J. Craig Strafford, M.D., M.P.H.
Secretary

JCS/DSZ/pev
Enclosures

CERTIFIED MAIL #91 7199 9991 7031 0423 6480
RETURN RECEIPT REQUESTED

Duplicate Copy:

Toni Louise Carman, M.D.
23770 Duffield Rd.
Shaker Heights, Ohio 44122

CERTIFIED MAIL #91 7199 9991 7031 0423 6473
RETURN RECEIPT REQUESTED - RESTRICTED DELIVERY

cc: Albert L. Purola, Esq.
38298 Ridge Rd
Willoughby, Ohio 44094

CERTIFIED MAIL #91 7199 9991 7031 0423 6466
RETURN RECEIPT REQUESTED

STATE MEDICAL BOARD
OF OHIO
2013 JUL -3 AM 10:23

STATE MEDICAL BOARD
OF OHIO

U. S. Department of Justice - Drug Enforcement Administration

2013 JUL -3 AM 10:28
DEA USE ONLY
File No.

**VOLUNTARY SURRENDER OF
CONTROLLED SUBSTANCES PRIVILEGES**

With the understanding that I am not required to surrender my controlled substances privileges, I freely and under no duress, implied or express, execute this document and choose to take the actions described herein.

- In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part;
- In view of my desire to terminate handling of controlled substances listed in schedule(s) _____;

I hereby voluntarily surrender my Drug Enforcement Administration Certificate of Registration, unused order forms, and all my controlled substances listed in Schedule(s) II-V as evidence of my intent to relinquish my privilege to handle controlled substances listed in Schedule(s) II-V.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration (and if not all controlled substances privileges are surrendered, be issued a new registration certificate limited to Schedule(s) N/A).

I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other controlled substance activities whatsoever, except (if applicable) as limited above.

NAME OF REGISTRANT (Print) <u>Tom Louis Aman MD</u>		ADDRESS OF REGISTRANT <u>24500 Highpoint Rd S.E. 8 Berkland, OH 44122</u>	
DEA REGISTRATION NO. <u>AC7054343 XC 90 54243</u>			
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL <u>Tom Louis Aman MD</u>		DATE <u>12/13/12</u>	
WITNESSES			
NAME AND DATE <u>[Signature]</u>		TITLE <u>D/E Scott Smith</u>	
NAME AND DATE <u>[Signature]</u>		TITLE <u>TFAC Anni Blahley</u>	

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (21 U.S.C 821).
PURPOSE: Permit voluntary surrender of controlled substances.
ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.
EFFECT: Submission of this information is voluntary. There is no effect on the individual if not provided.

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

(614) 466-3934
med.ohio.gov

June 12, 2013

Case number: 13-CRF- 053

Toni Louise Carman, M.D.
24800 Highpoint Rd., Ste. B
Beachwood, Ohio 44122

Dear Doctor Carman:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) On or about December 31, 2012, you executed a Voluntary Surrender of Controlled Substances Privileges [Voluntary Surrender] to the U.S. Department of Justice – Drug Enforcement Administration [DEA] based upon your alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of your good faith to remedy any incorrect or unlawful practices on your part.

A copy of the Voluntary Surrender is attached hereto and incorporated herein.

The Voluntary Surrender as alleged in paragraph (1) above, constitutes “[t]he revocation, suspension, restriction, reduction, or termination of clinical privileges by the United States department of defense or department of veterans affairs or the termination or suspension of a certificate of registration to prescribe drugs by the drug enforcement administration of the United States department of justice,” as that clause is used in Section 4731.22(B)(24), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

Mailed 6-13-13

Toni Louise Carman, M.D.

Page 2

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate an individual’s certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Copies of the applicable sections are enclosed for your information.

Very truly yours,



J. Craig Strafford, M.D., M.P.H.
Secretary

JCS/DSZ/pev
Enclosures

CERTIFIED MAIL #91 7199 9991 7031 0423 6480
RETURN RECEIPT REQUESTED

Duplicate Copy:

Toni Louise Carman, M.D.
23770 Duffield Rd.
Shaker Heights, Ohio 44122

CERTIFIED MAIL #91 7199 9991 7031 0423 6473
RETURN RECEIPT REQUESTED – RESTRICTED DELIVERY

cc: Albert L. Purola, Esq.
38298 Ridge Rd
Willoughby, Ohio 44094

CERTIFIED MAIL #91 7199 9991 7031 0423 6466
RETURN RECEIPT REQUESTED

VOLUNTARY SURRENDER OF CONTROLLED SUBSTANCES PRIVILEGES

File No.

With the understanding that I am not required to surrender my controlled substances privileges, I freely and under no duress, implied or express, execute this document and choose to take the actions described herein.

- In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part;
- In view of my desire to terminate handling of controlled substances listed in schedule(s) _____;

I hereby voluntarily surrender my Drug Enforcement Administration Certificate of Registration, unused order forms, and all my controlled substances listed in Schedule(s) II-V as evidence of my intent to relinquish my privilege to handle controlled substances listed in Schedule(s) II-V.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration (and if not all controlled substances privileges are surrendered, be issued a new registration certificate limited to Schedule(s) N/A).

I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other controlled substance activities whatsoever, except (if applicable) as limited above.

NAME OF REGISTRANT (Print)		ADDRESS OF REGISTRANT	
Toni Louise Carman MD		24500 Highpoint Rd Sub B Beachwood, OH 44122	
DEA REGISTRATION NO.			
AG 9054343 XC 9054343			
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL		DATE	
Toni Louise Carman MD		12/18/12	

WITNESSES			
NAME AND DATE		TITLE	
		D/E Scott Brink	
NAME AND DATE		TITLE	
		TFO Dennis Blakely	

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (21 U.S.C 821).
PURPOSE: Permit voluntary surrender of controlled substances.
ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.
EFFECT: Submission of this information is voluntary. There is no effect on the individual if not provided.