

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

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ROBERT W. ALCORN, M.D.

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ENTRY OF ORDER

On November 4, 2020, Robert W. Alcorn, M.D., executed a Surrender of his 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. 35.033935 authorizing Robert W. Alcorn, 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 November 2020, and the original thereof shall be kept with said Journal.

Kim G. Rothermel MD / KPA
Kim G. Rothermel, M.D.
Secretary *per authorization*

(SEAL)

November 10, 2020

Date

**STATE OF OHIO
THE STATE MEDICAL BOARD
PERMANENT SURRENDER/RETIREMENT OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY**

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, Robert W. Alcorn, 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, Robert W. Alcorn, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery effective upon the date of my signature below.

I, Robert W. Alcorn, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, License #35.033935, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice medicine and surgery in Ohio.

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 #35.033935 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/Retirement 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 #35.033935, 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, Robert W. Alcorn, 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 banks and governmental bodies. I, Robert W. Alcorn, 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 formal disciplinary proceedings pursuant to Section 4731.22(B)(6), Ohio Revised Code, "[a] departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established", related to the fact that I have utilized controversial alternative therapies to treat psychiatric symptoms, including compassionate deprogramming. Although I dispute these allegations, I have agreed to surrender my license because I retired from active practice in or about June 2020 after being licensed to practice medicine in Ohio for approximately 49 years.

EFFECTIVE DATE

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

Robert W. Alcorn
ROBERT W. ALCORN, M.D.

November 4, 2020
DATE

Kim G. Rothermel MD KGA per authorization
KIM G. ROTHERMEL, M.D.
Secretary
11/10/20
DATE

Bruce R. Saferin DPM KGA per authorization
BRUCE R. SAFERIN, D.P.M.
Supervising Member
11/10/20
DATE

Lindsay Miller by authorization
LINDSAY A. MILLER
Enforcement Attorney
11-09-2020
DATE