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**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**Carolyn Joan Rose, M.D.  
P.O. Box 1210  
Mariposa, CA 95338-1210**

**Physician's and Surgeon's  
Certificate No. A 41263**

**Case No. 800-2016-019796**

**AGREEMENT FOR  
SURRENDER OF LICENSE**

Respondent.

**TO ALL PARTIES:**

**IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-entitled proceedings, that the following matters are true:

1. Complainant, Kimberly Kirchmeyer, is the Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").

2. Carolyn Joan Rose, M.D. ("Respondent") has carefully read and fully understands the effect of this Agreement.

3. Respondent understands that by signing this Agreement she is enabling the Board to issue this order accepting the surrender of license without further process. Respondent understands and agrees that Board staff and counsel for complainant may communicate directly with the Board regarding this Agreement, without notice to or participation by Respondent. The Board will not be disqualified from further action in this matter by virtue of its consideration of this Agreement.

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1           4.       Respondent acknowledges there is current disciplinary action against her  
2 license, that on July 6, 2018, an Accusation was filed against her and on August 21, 2019,  
3 a Decision was rendered wherein her license was revoked, with the revocation stayed, and  
4 placed on three years' probation with various standard terms and conditions.

5           5.       The current disciplinary action provides in pertinent part, "Following the  
6 effective date of this Decision, if Respondent ceases practicing due to retirement, health  
7 reasons, or is otherwise unable to satisfy the terms and conditions of probation, Respondent  
8 may request voluntary surrender of Respondent's license." (Condition #20).

9           6.       Upon acceptance of the Agreement by the Board, Respondent understands she  
10 will no longer be permitted to practice as a physician and surgeon in California, and also  
11 agrees to surrender her wallet certificate, wall license and any D.E.A. Certificate(s) for an  
12 address in California.  
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14           7.       Respondent fully understands and agrees that if Respondent ever files an  
15 application for relicensure or reinstatement in the State of California, the Board shall treat  
16 it as a Petition for Reinstatement of a revoked license in effect at the time the Petition is  
17 filed. In addition, any Medical Board Investigation Report(s), including all referenced  
18 documents and other exhibits, upon which the Board is predicated, and any such  
19 Investigation Report(s), attachments, and other exhibits, that may be generated subsequent  
20 to the filing of this Agreement for Surrender of License, shall be admissible as direct  
21 evidence, and any time-based defenses, such as laches or any applicable statute of  
22 limitations, shall be waived when the Board determines whether to grant or deny the  
23 Petition.  
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ACCEPTANCE

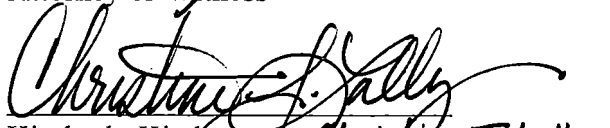
I, Carolyn Joan Rose, M.D. have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. A 41263, to the Medical Board of California for its acceptance. By signing this Agreement for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Physician and Surgeon in the State of California and that I have delivered to the Board my wallet certificate and wall license.

  
Carolyn Joan Rose, M.D.

11-5-19  
Date

  
Attorney or Witness

11-5-19  
Date

  
Christine J. Lally  
Executive Director *Interim*  
Medical Board of California

November 20, 2019  
Date

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