

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

In the Matter of the Decision and
Order Against:

Susan Louise Fullemann, M.D.
1820 Ogden Dr., Ste. 2
Burlingame, CA 94010-5384

Physician's and Surgeon's
Certificate No. G51875

Respondent

Case No. 800-2017-030676

AGREEMENT FOR
SURRENDER OF LICENSE

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, William Prasifka, is the Executive Director of the Medical
Board of California, Department of Consumer Affairs ("Board").

2. Susan Louise Fullemann, 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
2 her license, that on October 29, 2018, an Accusation was filed against her and on
3 November 8, 2019, a Decision was rendered wherein her license was revoked,
4 with the revocation stayed, and placed on 4 years' probation with various standard
5 terms and conditions.

6 5. The current disciplinary action provides in pertinent part, "Following the
7 effective date of this Decision, if Respondent ceases practicing due to retirement,
8 health reasons, or is otherwise unable to satisfy the terms and conditions of
9 probation, Respondent may request voluntary surrender of Respondent's license."
10 (Condition #16).

11 6. Upon acceptance of the Agreement by the Board, Respondent
12 understands she will no longer be permitted to practice as a physician and
13 surgeon in California, and also agrees to surrender her wallet certificate, wall
14 license and any D.E.A. Certificate(s) for an address in California.

15 7. Respondent fully understands and agrees that if Respondent ever files
16 an application for relicensure or reinstatement in the State of California, the Board
17 shall treat it as a Petition for Reinstatement of a revoked license in effect at the
18 time the Petition is filed. In addition, any Medical Board Investigation Report(s),
19 including all referenced documents and other exhibits, upon which the Board is
20 predicated, and any such Investigation Report(s), attachments, and other exhibits,
21 that may be generated subsequent to the filing of this Agreement for Surrender of
22 License, shall be admissible as direct evidence, and any time-based defenses,
23 such as laches or any applicable statute of limitations, shall be waived when the
24 Board determines whether to grant or deny the Petition.

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ACCEPTANCE

I, Susan Louise Fullemann, 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. G51875, 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.

Susan Louise Fullemann M.D.
Susan Louise Fullemann, M.D.

8/12/2020
Date

[Signature]
Attorney or Witness

8/12/2020
Date

[Signature]
William Prasifka
Executive Director
Medical Board of California

SEP 03 2020
Date

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