

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

In the Matter of the Application of:

John Hannahs Wilson, M.D.  
2120 S Highland Drive, Apt 339  
Salt Lake City, UT 84106-3197

Case No. 800-2019-054705

Physician's and Surgeon's  
Certificate No. C 163985

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, William Prasifka, is the Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").
2. John Hannahs Wilson, M.D. ("Respondent") has carefully read and fully understands the effect of this Agreement.
3. Respondent understands that by signing this Agreement he 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 that on August 1, 2019, a Decision was  
2 rendered wherein his license was issued on a probationary basis for a period of  
3 three (3) years with various standard terms and conditions.

4           5.       The current disciplinary action provides in pertinent part, "Following the  
5 effective date of this Decision, if applicant ceases practicing due to retirement or  
6 health reasons or is otherwise unable to satisfy the terms and conditions of  
7 probation, applicant may request to surrender his license." Specifically,  
8 Respondent is surrendering his license because he does not reside in or practice  
9 in California and thus has no need for his California license. (Condition #11).

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

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

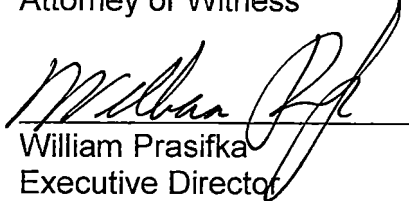
I, John Hannahs Wilson, M.D. have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. C 163985, to the Medical Board of California 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.

  
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John Hannahs Wilson, M.D.

10/29/20  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Attorney or Witness

10/29/20  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
William Prasifka  
Executive Director  
Medical Board of California

11/5/2020  
\_\_\_\_\_  
Date

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