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

In the Matter of the Application of:

**Sahra Emamzadehfard, M.D.  
5739 N. Cedar Avenue, Apt. 240  
Fresno, CA 93710-6659**

**Physician's and Surgeon's  
Certificate No. A 179116**

Applicant.

**Case No. 800-2022-087580**

**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. Sahra Emamzadehfard, M.D. ("Applicant") has carefully read and fully understands the effect of this Agreement.

3. Applicant understands that by signing this Agreement she is enabling the Board to issue this order accepting the surrender of license without further process. Applicant 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 Applicant. The Board will not be disqualified from further action in this matter by virtue of its consideration of this Agreement.

4. Applicant acknowledges that on May 27, 2022, a Decision was rendered wherein she was issued a probationary license for the term of four (4) years with various standard terms and conditions.

5. The Decision provides in pertinent part, "Following the effective date of this Decision, if Applicant ceases practicing due to retirement or health reasons or

1 is otherwise unable to satisfy the terms and conditions of probation, Applicant may  
2 request to surrender her license.” (Condition #14) Specifically, Applicant is  
3 surrendering her license because she does not reside in or practice in California  
4 and thus has no need for her California license.

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

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

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**ACCEPTANCE**

I, Sahra Emamzadehfard, 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 179116, 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.

Sahra Emamzadehfard  
Sahra Emamzadehfard, M.D.

11/8/2022  
Date

VS  
Attorney or Witness  
Victor Lami

11/8/2022  
Date

William Prasifka  
William Prasifka  
Executive Director  
Medical Board of California

NOV 09 2022  
Date

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