

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 MARSHA E. BARR-FERNANDEZ
Deputy Attorney General
4 State Bar No. 200896
300 South Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6249
6 Facsimile: (916) 731-2117
Attorneys for Complainant
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8 **BEFORE THE**
PODIATRIC MEDICAL BOARD
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 500-2017-000597

12 **LEONARD ROBERT WAGNER, D.P.M.**
13 **4955 Van Nuys Blvd., Suite 107**
Sherman Oaks, CA 91403

**AGREEMENT FOR SURRENDER OF
LICENSE**

14 **Podiatric License No. DPM 1949,**

15 Respondent.

16
17 **TO ALL PARTIES:**

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

20 **PARTIES**

21 1. Brian Naslund (Complainant) is the Executive Officer of the Podiatric Medical
22 Board, Department of Consumer Affairs (Board).

23 2. Leonard Robert Wagner, D.P.M. (Respondent) has carefully read and fully
24 understands the effect of this Agreement.

25 3. Respondent understands that by signing this Agreement his is enabling the Board to
26 issue this order accepting the surrender of license without further process. Respondent
27 understands and agrees that Board staff and counsel for Complainant may communicate directly
28 with the Board regarding this Agreement, without notice to or participation by Respondent. The

1 Board will not be disqualified from further action in this matter by virtue of its consideration of
2 this Agreement.

3 4. Respondent acknowledges that his license is currently subject to discipline. Effective
4 October 28, 2021, in a decision in a disciplinary action entitled, *In the Matter of the Accusation*
5 *Against Leonard Robert Wagner, D.P.M.*, Case Number 500-2017-000597 (“Decision”), the
6 Board revoked Respondent’s license, stayed that revocation, and placed him on four years’
7 probation with the Board, with terms and conditions.

8 5. Paragraph 22 of the Decision provides, in pertinent part: “Following the effective date
9 of this Decision, if Respondent ceases practicing due to retirement or health reasons, or is
10 otherwise unable to satisfy the terms and conditions of probation, Respondent may request the
11 voluntary surrender of Respondent’s license.”

12 6. Upon acceptance of the Agreement by the Board, Respondent understands he will no
13 longer be permitted to practice as a Doctor of Podiatric Medicine in California, and also agrees to
14 surrender his wallet certificate, wall license and D.E.A. Certificate(s).

15 7. Respondent hereby represents that he does not intend to seek relicensure or
16 reinstatement as a Doctor of Podiatric Medicine. Respondent fully understands and agrees,
17 however, that if Respondent ever files an application for relicensure or reinstatement in the State
18 of California, the Board shall treat such application or petition as a Petition for Reinstatement of a
19 Revoked License in effect at the time the Petition is filed.

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ACCEPTANCE

I, LEONARD ROBERT WAGNER, have carefully read the above Agreement for the Surrender of License and with full knowledge of its force and effect, do hereby surrender my Doctor of Podiatric Medicine License, to the Board of Podiatric Medicine 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 Doctor of Podiatric Medicine in the State of California and that I have delivered to the Board my wallet certificate and wall license.

DATED: _____

LEONARD ROBERT WAGNER, D.P.M.
Respondent

Acknowledged and agreed to:

DATED: **SEP 22 2023** _____

BRIAN NASLUND
Executive Officer
Board of Podiatric Medicine
Department of Consumer Affairs
State of California
Complainant

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CLERK GENERAL
SAN FRANCISCO

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9/5/23
SCANNED