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

In the Matter of the Statement of
Issues Against:

**David Behr Bockoff, M.D.
P.O. Box 69507
West Hollywood, CA 90069**

**Physician's and Surgeon's
Certificate No. C 31290**

Respondent.

Case No. 800-2020-072432

**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, Reji Varghese, is the Executive Director of the Medical
Board of California, Department of Consumer Affairs ("Board").

2. David Behr Bockoff, M.D. ("Applicant") has carefully read and fully
understands the effect of this Agreement.

3. Applicant understands that by signing this Agreement he 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 September 28, 2023, a Statement of
Issues was filed against him and on July 31, 2024, a Decision was rendered
wherein he was issued a probationary license for the term of 7 years' with various
standard terms and conditions.

1 5. The Decision provides in pertinent part, "Following the effective date of
2 this Decision, if Applicant ceases practicing due to retirement or health reasons or
3 is otherwise unable to satisfy the terms and conditions of probation, Applicant may
4 request to surrender his license." (Condition #21.).

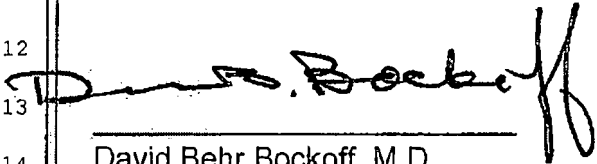
5 6. Upon acceptance of the Agreement by the Board, Applicant
6 understands he will no longer be permitted to practice as a physician and surgeon
7 in California, and also agrees to surrender his wallet certificate, wall license and
8 any D.E.A. Certificate(s) for an address in California.

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, David Behr Bockoff, 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 31290, 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.



David Behr Bockoff, M.D.

Date

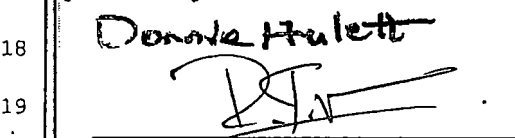
9-3-2024



Attorney or Witness

Date

9/3/24



Reji Varghese
Executive Director
Medical Board of California

Date

SEP 09 2024

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