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

In the Matter of the Case Against:

Case No. 800-2023-099171

Scott William Smith, M.D.

1851 Delacourt Ave.

Mount Pleasant, SC 29466-9252

**STIPULATION FOR
SURRENDER OF LICENSE**

Physician's and Surgeon's

Certificate No. G 173181

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

2. Scott William Smith, M.D. ("Respondent") has carefully read and fully understands the effect of this Stipulation.

3. Respondent agrees that based on the action taken by the Alabama State Board of Medical Examiners, (Exhibit A) cause exists to discipline his California Physician's and Surgeon's certificate pursuant to Business and Professions Code sections 141(a) and 2305.

4. Respondent understands that, if proven at hearing, the charges and allegations under investigation would constitute cause for imposing discipline upon Respondent's license issued by the Board.

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1 5. Respondent is aware of each of his rights, including the right to a hearing, the
2 right to confront and cross-examine witnesses who would testify against Respondent, the right to
3 testify and present evidence on his own behalf, as well as to the issuance of subpoenas to compel
4 the attendance of witnesses and the production of documents, the right to contest any charges and
5 allegations, and other rights which are accorded Respondent pursuant to the California
6 Administrative Procedure Act (Gov. Code, §11500 et seq.) and other applicable laws, including
7 the right to seek reconsideration, review by the superior court, and appellate review.

8 6. In order to avoid the expense and uncertainty of a hearing, Respondent freely and
9 voluntarily waives each and every one of these rights set forth above. Respondent hereby agrees
10 to surrender Physician's and Surgeon's Certificate No. G 173181.

11 7. Respondent understands that by signing this Stipulation he is enabling the Board
12 to accept the surrender of his license without further process, as provided by section 11415.60(b)
13 of the Government Code.

14 8. Upon acceptance of the Stipulation by the Board, Respondent understands that he
15 will no longer be permitted to practice as a Physician and Surgeon in California, and also agrees
16 to surrender and cause to be delivered to the Board both his license and wallet certificate before
17 the effective date of the Decision.

18 9. Respondent hereby represents that he does not intend to seek relicensure or
19 reinstatement as a Physician and Surgeon. Respondent fully understands and agrees, however,
20 that if Respondent ever files an application for relicensure or reinstatement in the State of
21 California, the Board shall treat it as a Petition for Reinstatement, and the Respondent must
22 comply with all the laws, regulations and procedures for reinstatement of a revoked license in
23 effect at the time the Petition is filed. Case Report No. 800-2023-099171, including all
24 referenced attachments and other exhibits, and any additional attachments, and other exhibits,
25 that may be generated subsequent to the filing of the surrender of license, shall be admissible as
26 direct evidence, and any time based defenses, such as laches or any applicable statute of
27 limitations, shall be waived when the Board determines whether to grant or deny the Petition.
28

ACCEPTANCE

EXHIBIT A

**Alabama State Board of Medical Examiners
Voluntary Surrender**

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

VOLUNTARY SURRENDER

I, SCOTT WILLIAM SMITH, M.D., do voluntarily surrender my license to practice medicine or osteopathy in the State of Alabama, identified by license number MD.43125, under the provisions of Ala. Code § 34-24-361(g). I acknowledge that this action is taken by me while under investigation by the Alabama State Board of Medical Examiners ("the Board").

I acknowledge that I sign this document willingly, that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence.

I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly, and voluntarily waive such right to a hearing. I also understand that both the Board and Medical Licensure Commission ("Commission") shall have access to any investigative file in this matter should I request reinstatement of my medical license, and that the Board has the right to contest my reinstatement. I understand that the Commission may summarily deny any petition for reinstatement of my medical license for two (2) years from the effective date of this surrender. I further understand that upon applying for reinstatement, it shall be my burden to prove by sufficient evidence that I satisfy the criteria for reinstatement as provided for in the Commission's rules, which include, but are not limited to, demonstrating to the satisfaction of the Commission that I am able to practice medicine with reasonable skill and safety to patients.

I understand that this surrender shall become effective upon acceptance by

the Commission. I further acknowledge that this voluntary surrender constitutes a public record of the Board and Commission and will be reported by the Commission to the National Practitioner Data Bank and to the Federation of State Medical Boards. I understand that this voluntary surrender may be released by the Board or Commission to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 7th day of June, 2023.

Scott William Smith M.D.
SCOTT WILLIAM SMITH, M.D.

Witnessed by:

Catherine M. Smith
(Print)

Catherine M. Smith
(Sign)