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

In the Matter of the Accusation Against:

**Carolyn Joan Rose, M.D.
P.O. Box 1210
Mariposa, CA 95338-1210**

**Physician's and Surgeon's
Certificate No. A 41263**

Case No. 800-2016-019796

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

2. Carolyn Joan Rose, M.D. ("Respondent") has carefully read and fully understands the effect of this Agreement.

3. Respondent understands that by signing this Agreement she 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 there is current disciplinary action against her
2 license, that on July 6, 2018, an Accusation was filed against her and on August 21, 2019,
3 a Decision was rendered wherein her license was revoked, with the revocation stayed, and
4 placed on three years' probation with various standard terms and conditions.

5 5. The current disciplinary action provides in pertinent part, "Following the
6 effective date of this Decision, if Respondent ceases practicing due to retirement, health
7 reasons, or is otherwise unable to satisfy the terms and conditions of probation, Respondent
8 may request voluntary surrender of Respondent's license." (Condition #20).

9 6. Upon acceptance of the Agreement by the Board, Respondent understands she
10 will no longer be permitted to practice as a physician and surgeon in California, and also
11 agrees to surrender her wallet certificate, wall license and any D.E.A. Certificate(s) for an
12 address in California.
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14 7. Respondent fully understands and agrees that if Respondent ever files an
15 application for relicensure or reinstatement in the State of California, the Board shall treat
16 it as a Petition for Reinstatement of a revoked license in effect at the time the Petition is
17 filed. In addition, any Medical Board Investigation Report(s), including all referenced
18 documents and other exhibits, upon which the Board is predicated, and any such
19 Investigation Report(s), attachments, and other exhibits, that may be generated subsequent
20 to the filing of this Agreement for Surrender of License, shall be admissible as direct
21 evidence, and any time-based defenses, such as laches or any applicable statute of
22 limitations, shall be waived when the Board determines whether to grant or deny the
23 Petition.
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ACCEPTANCE

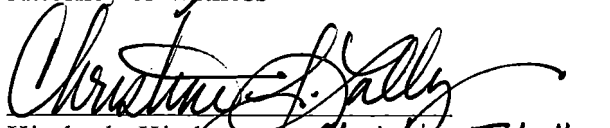
I, Carolyn Joan Rose, M.D. have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. A 41263, to the Medical Board of California 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.


Carolyn Joan Rose, M.D.

11-5-19
Date


Attorney or Witness

11-5-19
Date


Kimberly Kirshmeier
Executive Director *Interim*
Medical Board of California

November 20, 2019
Date

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