

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

In the Matter of the Petition to  
Revoke Probation Against:

**Salvador A. Arella, M.D.**  
**101 Dapplegray Road**  
**Bell Canyon, CA 91307-1050**

**Physician's and Surgeon's**  
**Certificate No. A 49797**

Respondent

**Case No. 800-2017-032820**

**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. Salvador A. Arella, M.D. ("Respondent") has carefully read and fully  
understands the effect of this Agreement.

3. Respondent understands that by signing this Agreement he 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  
2 his license, that on November 2, 2017, a Petition to Revoke Probation was filed  
3 against his and on November 30, 2018, a Decision was rendered wherein his  
4 license was revoked, with the revocation stayed, and placed on seven (7) years'  
5 probation with various standard terms and conditions.

6           5.       The 2017 disciplinary action provides in pertinent part, "Following the  
7 effective date of this Decision, if Respondent ceases practicing due to retirement,  
8 health reasons, or is otherwise unable to satisfy the terms and conditions of  
9 probation, Respondent may request to surrender his or her license." (Condition  
10 #18).

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

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

I, Salvador A. Arella, 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 49797, 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.

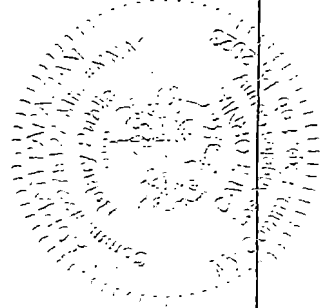
SA Arella md  
Salvador A. Arella, M.D.

10/17/2020  
Date

\_\_\_\_\_  
Attorney or Witness  
William Prasifka  
William Prasifka  
Executive Director  
Medical Board of California

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Date  
October 22, 2020  
Date

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )
County of Los Angeles )

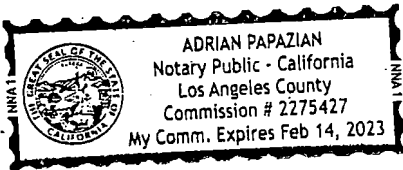
On 10/17/2020 before me, Adrian Papazian (Notary Public)
Date Here Insert Name and Title of the Officer

personally appeared SALVADOR A. ARELLA
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Document Date:

Number of Pages: Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:

- Corporate Officer - Title(s):
Partner - Limited General
Individual Attorney in Fact
Trustee Guardian or Conservator
Other:

Signer Is Representing:

Signer's Name:

- Corporate Officer - Title(s):
Partner - Limited General
Individual Attorney in Fact
Trustee Guardian or Conservator
Other:

Signer Is Representing: