

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

In the Matter of the Accusation Against:

**Thomas Samuel Cowan, M.D.**  
**661 Chenery**  
**San Francisco, CA 94117**

**Physician's and Surgeon's**  
**Certificate No. G 86923**

**Case No. 800-2015-016334**

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

2. Thomas Samuel Cowan, 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 his  
2 license, that on January 9, 2017, an Accusation was filed against him and on May 10,  
3 2017, a Decision was rendered wherein his license was revoked, with the revocation  
4 stayed, and placed on five 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 #16).

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

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

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ACCEPTANCE

I, Thomas Samuel Cowan, 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. G 86923, 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.

Thomas Samuel Cowan, M.D.  
Thomas Samuel Cowan, M.D.

12/7/20  
Date

Lynnda Smith  
Attorney or Witness

12/7/20  
Date

William Prasifka  
William Prasifka  
Executive Director  
Medical Board of California

JAN 29 2021  
Date

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