

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

In the Matter of the Statement of
Issues Against:

Brian Walker, M.D.
6 W Rose Street, Apt. 11001
Walla Walla, WA 99362-1845

Physician's and Surgeon's
Certificate No. C 162346

Respondent

Case No. 800-2017-036226

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. Brian Walker, 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 that on March 22, 2019, a Decision was
2 rendered wherein he was issued a Physician's and Surgeon's License on a
3 probationary basis for a period of five (5) years, with various terms and conditions.

4 5. The current disciplinary action provides in pertinent part, "Following the
5 effective date of this Decision, if respondent ceases practicing due to retirement or
6 health reasons or is otherwise unable to satisfy the terms and conditions of
7 probation, respondent may request to surrender his or her license." (Condition
8 #12).

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

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

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ACCEPTANCE

I, Brian Walker, 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 162346, 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.

Brian Walker, MD
Brian Walker, M.D.

6-27-2021
Date

[Signature]
Attorney or Witness

6-27-2021
Date

[Signature]
William Prasifka
Executive Director
Medical Board of California

JUL 14 2021
Date

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