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

In the Matter of the Application of: **Haydee Beatriz Docasar, M.D.** **6785 W. Russell Rd., Ste. 130** **Las Vegas, NV 89118-1862** **Physician's and Surgeon's Certificate No. C 170417** Applicant.	**Case No. 800-2020-066082** **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. Haydee Beatriz Docasar, M.D. ("Applicant") has carefully read and fully understands the effect of this Agreement.

3. Applicant understands that by signing this Agreement she is enabling the Board to issue this order accepting the surrender of license without further process. Applicant 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 Applicant. The Board will not be disqualified from further action in this matter by virtue of its consideration of this Agreement.

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4. Applicant acknowledges that on October 2, 2020, a Decision was rendered wherein she was issued a Physician's and Surgeon's License on a probationary basis for a period of three (3) years, with various terms and conditions.

5. The current disciplinary action provides in pertinent part, "Following the effective date of this Decision, if applicant ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, applicant may request to surrender her license." (Condition #11).

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

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

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ACCEPTANCE

I, Haydee Beatriz Docasar,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 170417, 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.

Haydee Beatriz Docasar, M.D.	7/9/2021 Date
Attorney or Witness	Date
William Prasifka Executive Director Medical Board of California	JUL 20 2021 Date

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State of Nevada - County of Clark
Signed and sworn to (or affirmed)
before me on 7-9-2021 by Haydee Beatriz Docasar

(Notary Stamp) (Signature of notarial officer)

KORINA PINDEL
Notary Public - State of Nevada
County of Clark
APPT. NO. 21-2899-01
My App. Expires Feb. 1, 2025