

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

In the Matter of the Decision and
Order Against:

Cory Robert Deburghgraeve, M.D.
930 W Sheridan Rd., Apt. 3Se
Chicago, IL 60613-3783

Physician's and Surgeon's
Certificate No. A 174801

Applicant.

Case No. 800-2021-075535

**AGREEMENT FOR SURRENDER OF
PROBATIONARY 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. Cory Robert Deburghgraeve, M.D. ("Applicant") has carefully read and
fully understands the effect of this Agreement.

3. Applicant understands that by signing this Agreement he 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.

4. Applicant acknowledges that on September 3, 2021, a Decision was
rendered wherein he was issued a Physician's and Surgeon's certificate on a
probation basis for a period of five (5) years with various standard terms and
conditions.

1 5. The Decision provides in pertinent part, "Following the effective date of
2 this Decision, if Applicant ceases practicing due to retirement or health reasons or
3 is otherwise unable to satisfy the terms and conditions of probation, Applicant may
4 request to surrender his license." (Condition #20).


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

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


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ACCEPTANCE

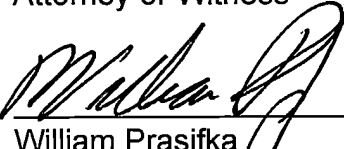
I, Cory Robert Deburghgraeve, M.D. have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. A 174801, to the Medical Board of California for its acceptance. By signing this Agreement for Surrender of Probationary 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.


Cory Robert Deburghgraeve, M.D.

6/24/2022
Date


Attorney or Witness

6/24/2022
Date


William Prasifka
Executive Director
Medical Board of California

JUL 18 2022
Date

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