

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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

In the Matter of the Accusation
Against:

**Lois Ann Jensen, M.D.
337 W. Clark Street
P.O. Box 4887
Eureka, CA 95501**

**Physician's and Surgeon's
Certificate No. C 50040**

Respondent.

Case No. 800-2016-028457

**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. Lois Ann Jensen, M.D. ("Respondent") has carefully read and fully understands the effect of this Agreement.

3. Respondent understands that by signing this Agreement she 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.

4. Respondent acknowledges there is current disciplinary action against her license, that on May 16, 2018, an Accusation was filed against her and on June 14, 2019, a Decision was rendered wherein her license was revoked, with

1 the revocation stayed, and placed on three years' probation with various standard
2 terms and conditions.

3 5. The current disciplinary action provides in pertinent part, "Following the
4 effective date of this Decision, if Respondent ceases practicing due to retirement,
5 health reasons, or is otherwise unable to satisfy the terms and conditions of
6 probation, Respondent may request voluntary surrender of Respondent's license."
7 (Condition #15).

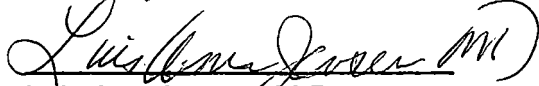
8 6. Upon acceptance of the Agreement by the Board, Respondent
9 understands she will no longer be permitted to practice as a physician and
10 surgeon in California, and also agrees to surrender her wallet certificate, wall
11 license and any D.E.A. Certificate(s) for an address in California.

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

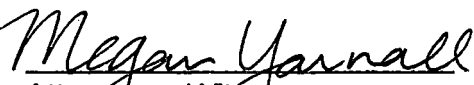
22 ///
23
24
25
26
27
28

ACCEPTANCE

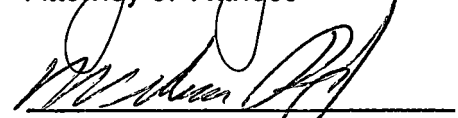
I, Lois Ann Jensen, M.D. have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. C 50040, to the Medical Board of California for 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.


Lois Ann Jensen, M.D.

9/22/2022
Date


Megan Yarnall
Attorney or Witness

22 September 2022
Date


William Prasifka
Executive Director
Medical Board of California

OCT 20 2022
Date

///
///
///