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

In the Matter of the Accusation Against: **Robert Alan Yoho, M.D.** **301 South Fair Oaks Avenue, #202** **Pasadena, CA 91107** **Physician's and Surgeon's** **Certificate No. C 41114** Respondent.	**Case No. 17-2013-235101** **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. Robert Alan Yoho, 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.

4. Respondent acknowledges there is current disciplinary action against his license, that on December 30, 2015, an Accusation was filed against him and on October 5, 2017, a Decision was rendered wherein his license was revoked, with the revocation stayed, and placed on five years' probation with various standard terms and conditions.

5. The current disciplinary action provides in pertinent part, "Following the effective date of this Decision, if Respondent ceases practicing due to retirement, health reasons, or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request voluntary

surrender of Respondent's license." (Condition #17).

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

7. Respondent fully understands and agrees that if Respondent ever files an application for re-licensure 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, including but not limited to investigations 800-2019-059259 and 800-2019-059008, 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.

8. Respondent agrees to and shall dismiss the Petition for Writ of Mandate filed in San Francisco Superior Court, Case No. CPF-20-517026, within 30 days of the execution of this Agreement.

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ACCEPTANCE

I, Robert Alan Yoho, M.D. have carefully read the above Agreement, and have fully discussed it with my attorney Albert J. Garcia, and enter into it freely and voluntarily, and with full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. C 41114, 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.

ROBERT ALAN YOHO, M.D.
Respondent

Date: Sept 21, 2020

ALBERT J. GARCIA, ESQ.
Attorney for Respondent

Date: 9-25-20

WILLIAM PRASIFKA
Executive Director
Medical Board of California

Date

ACCEPTANCE

I, Robert Alan Yoho, M.D. have carefully read the above Agreement, and have fully discussed it with my attorney Albert J. Garcia, and enter into it freely and voluntarily, and with full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. C 41114, 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.

ROBERT ALAN YOHO, M.D.
Respondent

Date

ALBERT J. GARCIA, ESQ.
Attorney for Respondent

Date

WILLIAM PRASIFKA
Executive Director
Medical Board of California

DEC 0 1 2020

Date