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

In the Matter of the Decision and Order Against: **Mark J. Altchek, M.D.** **306 Ralston Street** **San Francisco, CA 94132** **Physician's and Surgeon's Certificate No. G43919** Respondent.	**Case No. 800-2015-012478** **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, Kimberly Kirchmeyer, is the Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").

2. Mark J. Altchek, 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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4. Respondent acknowledges that there is current disciplinary action against his license, that on July 19, 2017, an Accusation was filed against him and on September 7, 2018, a Decision was rendered wherein his license was revoked, with the revocation stayed, and placed on five (5) years' probation with various standard terms and conditions.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 or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his license." (Condition #14).

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 D.E.A. Certificate(s).

7. Respondent fully understands and agrees that if Respondent 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, Mark J. Altchek, 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. G43919, 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.

M Altchek
Mark J. Altchek, M.D.

1/2/19
Date

SEE NOTARY ATTACHMENT

Marcela Casay
Attorney or Witness

1/2/19
Date

Kimberly Kirchmeyer
Kimberly Kirchmeyer
Executive Director
Medical Board of California

January 16, 2019
Date

/// I no longer have the wall license, enclosed
/// is the wallet certificate for cancellation which
/// has expired. I don't know where the wall license is. [it was issued in 1980.]

M Altchek

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Francisco)

On January 2, 2019 before me, Maricela Garay, Notary Public
(insert name and title of the officer)

personally appeared Mark Altchek,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

MARICELA GARAY
Notary Public – California
San Francisco County
Commission # 2206418
My Comm. Expires Jul 22, 2021

Signature Maricela Garay (Seal)