

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

VOLUNTARY SURRENDER

I, SEVERIN WINTER GRENOBLE, M.D., do voluntarily surrender my certificate of qualification and license to practice medicine or osteopathy in the State of Alabama, identified by license number MD.30944, under the provisions of Ala. Code § 34-24-361(g). I acknowledge that this action is taken by me while under investigation by the Alabama State Board of Medical Examiners (“the Board”).


I acknowledge that I sign this document willingly, that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence.

I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly, and voluntarily waive such right to a hearing. I also understand that both the Board and Medical Licensure Commission shall have access to any investigative file in this matter should I request reinstatement of my certificate of qualification and medical license, and that the Board has the right to contest my reinstatement. I understand that the Board may summarily deny any petition for reinstatement of my certificate of qualification for two (2) years from the effective date of this surrender. I further understand that upon applying for reinstatement, it shall be my burden to prove by sufficient evidence that I satisfy the criteria for reinstatement as provided for in the Board’s rules, which include, but are not limited to, demonstrating to the satisfaction of the Board that I am able to practice medicine with reasonable skill and safety to patients.

I understand that this surrender shall become effective upon acceptance by

the Board. I further acknowledge that this voluntary surrender constitutes a public record of the Board and will be reported by the Board to the National Practitioner Data Bank and to the Federation of State Medical Boards. I understand that this voluntary surrender may be released by the Board to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 12th day of September, 2023.


SEVERIN WINTER GRENOBLE, M.D.

Witnessed by:



(Print)



(Sign)

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

**VOLUNTARY SURRENDER OF
ALABAMA CONTROLLED SUBSTANCES CERTIFICATE**

After being fully advised of my rights, and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the actions described herein.

I, SEVERIN WINTER GRENOBLE M.D., hereby knowingly, freely, and voluntarily surrender any authority under my Alabama Controlled Substances Certificate (“ACSC”), number ACSC.30944, to order, manufacture, distribute, possess, dispense, administer or prescribe Schedule II, IIN, III, IIN, IV and/or V controlled substances. I acknowledge that this action is taken by me while under investigation by the Alabama Board of Medical Examiners (“the Board”).

I understand and acknowledge that I will have no authority to order, dispense, distribute, administer, or prescribe controlled substances in the state of Alabama.

I further understand and acknowledge that this surrender shall be effective immediately upon execution.

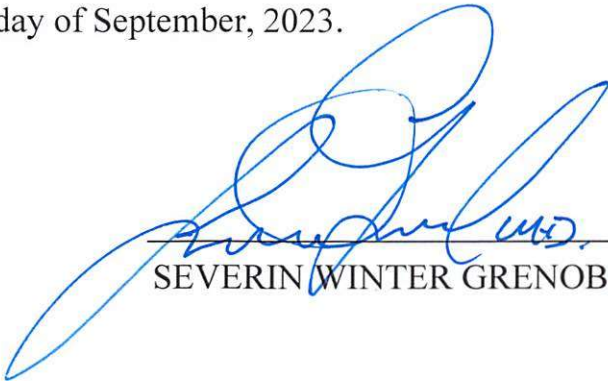
I acknowledge that I sign this document willingly and that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence. I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly, and voluntarily waive such right to a hearing.

I also understand that the Board shall have access to any investigative file in this matter should I request reinstatement of my ACSC, and that the Board has the right to contest my reinstatement. I understand that the Board may summarily deny any petition for reinstatement for two (2) years from the effective date of the surrender of my ACSC. I further understand that upon applying for reinstatement, it shall be my burden to prove by sufficient evidence that I satisfy the criteria for reinstatement as provided for in the Board’s rules, which include, but are not limited to, demonstrating to the satisfaction of the Board that I am able to practice

medicine with reasonable skill and safety to patients.

I further acknowledge that this voluntary surrender constitutes a public record of the Board and will be reported by the Board to the National Practitioner Data Bank and to the Federation of State Medical Boards. I also acknowledge this voluntary surrender may be released by the Board to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 12th day of September, 2023.



SEVERIN WINTER GRENOBLE, M.D.

Witnessed by:



(Print)


(Sign)