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

In the Matter of the Second
Amended Accusation Against:

**Alisa Allene Cross, M.D.
400 County Road 250
Georgetown, TX 78633**

**Physician's and Surgeon's
Certificate No. A 55002**

Respondent.

Case No. 800-2015-014879

**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, Reji Varghese, is the Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").
2. Alisa Allene Cross, 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 March 27, 2020, a Second Amended Accusation was filed against her and on October 2, 2020, a Decision was rendered wherein her license

1 was revoked, with the revocation stayed, and placed on 35 months' probation with
2 various standard 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 or health reasons or is otherwise unable to satisfy the terms and conditions of
6 probation, Respondent may request to surrender his or her license." (Condition
7 #14).

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.

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ACCEPTANCE

I, Alisa Allene Cross, 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 55002, 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.



Alisa Allene Cross, M.D.

9.24.24

Date



Attorney or Witness

9.24.24

Date




Reji Varghese
Executive Director
Medical Board of California

OCT 01 2024

Date

///
/// My wall license was water damaged &
/// destroyed 10 years ago
wallet certificates haven't been issued
for at least 4 years.


9.24.24