

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

In the Matter of the Statement of  
Issues Against:

**Brian Walker, M.D.**  
**6 W Rose Street, Apt. 11001**  
**Walla Walla, WA 99362-1845**

**Physician's and Surgeon's**  
**Certificate No. C 162346**

Respondent

**Case No. 800-2017-036226**

**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. Brian Walker, 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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1           4.       Respondent acknowledges that on March 22, 2019, a Decision was  
2 rendered wherein he was issued a Physician's and Surgeon's License on a  
3 probationary basis for a period of five (5) years, with various terms and conditions.

4           5.       The current disciplinary action provides in pertinent part, "Following the  
5 effective date of this Decision, if respondent ceases practicing due to retirement or  
6 health reasons or is otherwise unable to satisfy the terms and conditions of  
7 probation, respondent may request to surrender his or her license." (Condition  
8 #12).

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

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

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ACCEPTANCE

I, Brian Walker, 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 162346, 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.

Brian Walker, MD  
Brian Walker, M.D.

6-27-2021  
Date

[Signature]  
Attorney or Witness

6-27-2021  
Date

[Signature]  
William Prasifka  
Executive Director  
Medical Board of California

JUL 14 2021  
Date

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