JAN 0 8 1999

BEFORE THE GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS DOCKET NUMBER			
	,		45-13
In The Matter Of:)		
James E. McClendon, M.D.,)	DOCKET NO.	QC 12
License No. 22589)	DOCKET NO.	

VOLUNTARY SURRENDER

Respondent.

I, JAMES E. MCCLENDON, M.D., holder of License No. 22589 to practice medicine in the State of Georgia pursuant to O.C.G.A. Ch. 34, T. 43, as amended, hereby freely, knowingly and voluntarily surrender said license to the Composite State Board of Medical Examiners, hereinafter the Board. I hereby acknowledge that this surrender shall have the same effect as a revocation of my license, and I knowingly forfeit and relinquish all right, title and privilege of practicing as a physician in the State of Georgia, unless and until such time as my license may be reinstated, in the sole discretion of the Board.

I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly and voluntarily waive such right. I also understand that should the Board entertain any request for reinstatement, the Board shall have access to the entire investigative file in this matter.

This surrender shall become effective immediately upon acceptance thereof by the Board and docketing by the Joint Secretary, State Examining Boards. I understand that this document will be considered to be a public record entered as the final disposition of disciplinary

proceedings presently pending against me, and that this action shall be considered to be and may be disseminated as a final order of the Board.

be disseminated as a final order of the Board. Respondent Sworn to and subscribed before me (SEAL REQUIRED) My commission expires: ACCEPTANCE OF SURRENDER The voluntary surrender of License No. 22589 by James E. McClendon, M.D. is hereby accepted by the Composite State Board of Medical Examiners, this 2^{+1} day of COMPOSITE STATE BOARD OF MEDICAL EXAMINERS (BOARD SEAL) BY: SHEILA SMITH, D.O. President ATTEST: WILLIAM G. MILLER, JR. Joint Secretary State Examining Board