



TERRY E. BRANSTAD, GOVERNOR

BOARD OF MEDICAL EXAMINERS
WILLIAM S. VANDERPOOL, EXECUTIVE DIRECTOR

Anthony J. DeGidio, D.O.
1195 S. Main Street
Clyde, OH 43410

RE: ACCEPTANCE OF VOLUNTARY SURRENDER OF RESIDENT MEDICAL LICENSE

Dear Dr. DeGidio:

On March 11, 1993, the Iowa State Board of Medical Examiners considered the surrender of your resident medical license which was tendered by you on or about February 2, 1993. Following such consideration and a review of the circumstances from which your voluntary license surrender resulted, the Board voted to accept the voluntary surrender of your license as tendered.

Accordingly, the undersigned Executive Director of the Iowa State Board of Medical Examiners hereby accepts the voluntary surrender of your resident license to practice medicine and surgery in Iowa, number DO-R-0133, which was issued on July 13, 1992, and which is recorded in the permanent records in the office of the Iowa State Board of Medical Examiners.

You are advised that the voluntary surrender of your license has the same force and effect as an order of revocation.

Dated this 11th day of March, 1993.

IOWA STATE BOARD OF MEDICAL EXAMINERS

Ann M. Martino, Ph.D.
Executive Director
1209 East Court Avenue
Des Moines, IA 50319

*File
2/3/93*

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IA BOARD OF MED. EXAMINERS

Dennis M. Carr
Acting Executive Director
IOWA STATE BOARD OF MEDICAL EXAMINERS
1209 East Court Avenue
Des Moines, IA 50319

Dear Mr. Carr:

You are hereby notified that in accordance with the provisions of section 148.8, Code of Iowa this letter shall constitute my written statement of intention to voluntarily surrender the enclosed Iowa Resident Physician License to practice osteopathic medicine and surgery, which was heretofore issued to me on the 13 day of July, 1992, as evidenced by Certificate Number DO-R-0133 recorded in Book , at Page of the records in the office of the Iowa State Board of Medical Examiners.

You are further notified that I fully understand that upon your acceptance of this voluntary surrender of my license, such acceptance shall have the same force and effect as an order of revocation.

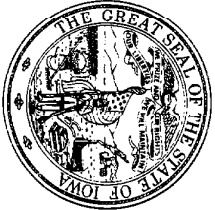
You are further notified that I hereby affirm my decision not to engage in the practice of osteopathic medicine and surgery as a resident in the State of Iowa and I hereby absolve and release the State Department of Health and the State Board of Medical Examiners from any further right, claim, or title to the enclosed certificate of license, and to any of the rights, privileges and honors pertaining thereto.

This written statement of my intention to voluntarily surrender my resident medical license is being signed by me on this 28 day of Jan, 1993, as my own voluntary act and deed.

[Signature]

WITNESS
Lena Ferrara

Seal of the Board of Examiners



RESIDENT OSTEOPATHIC PHYSICIAN AND SURGEON LICENSE

THIS IS TO CERTIFY that ANTHONY J. DEGIDIO, D.O. residing at CHEROKEE
 County of CHEROKEE State of IOWA has given evidence of having received a diploma from
DES MOINES STILL COLLEGE OF OSTEOPATHY AND SURGERY
 in the State of IOWA on the 3rd day of JUNE, 1955, and further complied
 with all the requirements of Iowa law,

THE STATE BOARD OF MEDICAL EXAMINERS

Under the provisions of an Act regulating the practice of Osteopathic Medicine and Surgery, hereby certifies that the above named person is legally authorized to practice as a Resident Osteopathic Physician and Surgeon in the State of Iowa. This certificate shall be limited to one year and may be renewed from year to year.

VALID ONLY TO PRACTICE WITHIN THE PSYCHIATRIC INTERNSHIP/RESIDENCY PROGRAM AT CHEROKEE MENTAL HEALTH INSTITUTE, CHEROKEE, IOWA.

Dated at Des Moines, Iowa this

13th day of JULY, 1952.

Dennis M. Davis

Acting EXECUTIVE DIRECTOR

