

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

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MAURA ANDRONIC, M.D.

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ENTRY OF ORDER

On April 25, 2024, Maura Andronic, M.D., executed a Surrender of her license to practice medicine and surgery in Ohio with consent to permanent revocation, which document is attached hereto and fully incorporated herein.

Wherefore, upon ratification by the Board of the surrender, it is hereby ORDERED that Certificate No. 35.078267 authorizing Maura Andronic, M.D., to practice medicine and surgery in the State of Ohio be permanently REVOKED.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 8th day of May, 2024, and the original thereof shall be kept with said Journal.





Kim G. Rothermel, M.D.

Secretary

May 8, 2024

Date

STATE OF OHIO
THE STATE MEDICAL BOARD
PERMANENT SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY

Do not sign this Agreement without reading it. An individual who permanently surrenders a certificate issued by the Board is forever thereafter ineligible to hold a certificate to practice or to apply to the Board for reinstatement of the certificate or issuance of any new certificate. You are permitted to be accompanied, represented and advised by an attorney, at your own expense, before deciding to sign this voluntary Agreement.

I, Maura Andronic, M.D., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing and do hereby freely execute this document and choose to take the actions described herein. I acknowledge and agree that I am entering into this Agreement of my own free will and volition and have not been coerced to do so, nor am I under duress at the time of executing this Agreement. I further acknowledge that I had an opportunity to ask questions concerning the terms of this Agreement and that all questions asked have been answered in a satisfactory manner. I aver that I fully understand all of the terms and provisions of this voluntary Agreement. I further agree that no representations have been made by the Board, its members, employees, agents, officers and representatives regarding any of the legal ramifications of this Agreement, including but not limited to the effect this Agreement may have on my current or future employment, my specialty board certifications, or any licenses, past, present or future, to practice in other states or jurisdictions.

I, Maura Andronic, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, License #35.078267, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice medicine and surgery in Ohio.

I understand that as a result of the surrender herein I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for, reinstatement or restoration of certificate to practice medicine and surgery License #35.078267 or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, on or after the date of signing this Permanent Surrender of Certificate to Practice Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order permanently revoking my certificate to practice medicine and surgery, License #35.078267, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice medicine and surgery.

I, Maura Andronic, M.D., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. I, Maura Andronic, M.D., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(19), Ohio Revised Code, "[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills," related to my cancer diagnosis, which makes it difficult for me to practice medicine and surgery.

EFFECTIVE DATE

It is expressly understood that this Permanent Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below. Further, I specifically acknowledge that the electronic transmission of a scanned or photostatic copy of any executed signature to this Permanent Surrender of Certificate, upon being received by the Board, shall be deemed to have the full legal force and effect as the original.

Maura Andronic M.D.
MAURA ANDRONIC, M.D.

4/25/24
DATE

Kim G. Rothermel M.D.
KIM G. ROTHERMEL, M.D.
Secretary

5/8/24
DATE

N/A
Attorney for Dr. Andronic

DATE

Harish Kakarala M.D. / KR M.D.
HARISH KAKARALA, M.D.
Supervising Member

5/8/24
DATE

Cheryl D. Pokorny
CHERYL D. POKORNY
Enforcement Attorney

4/29/24
DATE