

2016 AUG -3 PM 2: 54

**STATE OF OHIO
THE STATE MEDICAL BOARD
VOLUNTARY PERMANENT RETIREMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY**

Do not sign this agreement without reading it. An individual who permanently retires 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, Joe J. Trevino, 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, Joe J. Trevino, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective upon the last date of signature below.

I, Joe J. Trevino, M.D., do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, License #35.025566, to the State Medical Board of Ohio [Board].

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 #35.025566, 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 Voluntary Permanent Retirement from the Practice of Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.


I, Joe J. Trevino, M.D., hereby release the State Medical Board of Ohio, its members, employees, agents and officers, 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, Joe J. Trevino, 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(19), Ohio Revised Code.

EFFECTIVE DATE

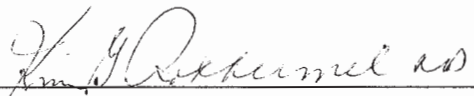
It is expressly understood that this Voluntary Permanent Retirement is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.



JOE J. TREVINO, M.D.

7-29-16

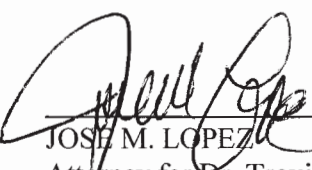
DATE



KIM G. ROTHERMEL, M.D.
Secretary

8/10/16

DATE



JOSE M. LOPEZ
Attorney for Dr. Trevino

7-29-16

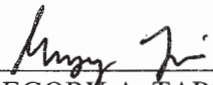
DATE



BRUCE R. SAFERIN, D.P.M.
Supervising Member

8-10-16

DATE



GREGORY A. TAPOCSI
Enforcement Attorney

8-4-16

DATE

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