

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

*

CASE NO. 25-CRF-0136

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Howard M Saal, M.D.

ENTRY OF ORDER

On July 25, 2025, Howard M Saal, M.D., executed a Surrender of his license to practice medicine and surgery in the state of 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. 35.065640 authorizing Howard M Saal, 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 13th day of August 2025, and the original thereof shall be kept with said Journal. This Order shall become effective immediately upon the date of service of the notification of approval by the Board.



Kim G. Rothermel MD

Kim G. Rothermel, M.D.

Secretary

8-13-25

August 13, 2025

Date

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

Do not sign this Permanent Surrender of Certificate [Agreement] without reading it. An individual who permanently surrenders a certificate issued by the State Medical Board of Ohio [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, Howard M. Saal, M.D., am aware of my right to representation by counsel and the rights of being formally charged and having a formal adjudicative hearing and do hereby freely execute this Agreement 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, Howard M. Saal, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, License #35.065640, to the 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 my certificate to practice medicine and surgery, License #35.065640, 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 Agreement. 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 #35.065640, 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 rights to counsel, to a hearing, to present evidence, to cross-examine witnesses, and to appeal the Order of the Board revoking my certificate to practice medicine and surgery.

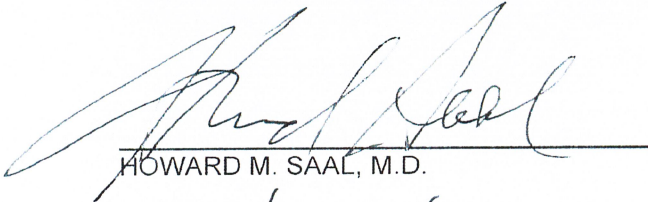
I, Howard M. Saal, M.D., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

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, Howard M. Saal, 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 further investigation pursuant to Section 4731.22(B)(6), Ohio Revised Code, "[a] departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established."

EFFECTIVE DATE

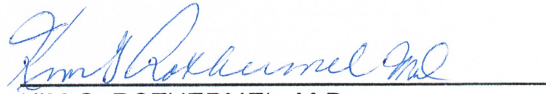
It is expressly understood that this Permanent Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below. Further, I specifically acknowledge that the electronic transmission 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.



HOWARD M. SAAL, M.D.

7/25/2025

DATE



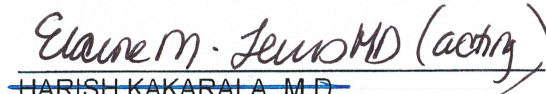
KIM G. ROTHERMEL, M.D.
Secretary

8-13-25

DATE

Attorney for Dr. Howard M. Saal

DATE



~~HARISH KAKARALA, M.D.~~
Supervising Member

8/13/25

DATE

Brandon W. Puckett

BRANDON W. PUCKETT
Chief of Enforcement

8-4-25

DATE