

STATE OF OHIO  
THE STATE MEDICAL BOARD  
REQUEST FOR PERMANENT WITHDRAWAL  
OF APPLICATION FOR MEDICAL LICENSURE

26-CRF-0069

**Do not sign this Request for Permanent Withdrawal of Application for Medical Licensure [Agreement] without reading it. An individual who permanently withdraws an application for 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, Jeffrey W. Strain, M.D., hereby request that my pending application for a certificate to practice medicine and surgery in the State of Ohio [Application] be withdrawn.

I, Jeffrey W. Strain, M.D., am aware of my right to representation by counsel, 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.

Further, I agree that I will not at any time apply for a certificate to practice medicine and surgery in the State of Ohio, or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, and that any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

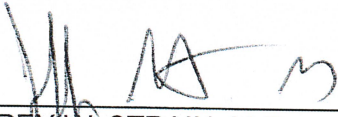
I, Jeffrey W. Strain, M.D., hereby release the State Medical Board of Ohio, its members, employees, agents and officers, jointly and severally, from any and all liability arising from the within matter.

This Agreement 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, Jeffrey W. Strain, 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, based on a series of malpractice judgments and/or awards and/or my termination of hospital privileges and/or surrender in lieu of termination.

**EFFECTIVE DATE**

It is expressly understood that this Permanent Withdrawal of Application 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 Request for Permanent Withdrawal of Application, upon being received by the Board, shall be deemed to have the full legal force and effect as the original.



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JEFFREY W. STRAIN, M.D.



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KIM G. ROTHERMEL, M.D.  
Secretary

2/23/26

\_\_\_\_\_  
DATE

3/11/26

\_\_\_\_\_  
DATE

N/A

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Attorney for Dr. Strain

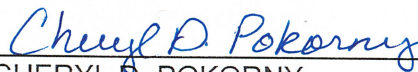


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HARISH KAKARALA, M.D.  
Supervising Member

3/11/26

\_\_\_\_\_  
DATE

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DATE



\_\_\_\_\_  
CHERYL D. POKORNY  
Enforcement Attorney

2/26/26

\_\_\_\_\_  
DATE