

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

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\*

RANDY LYLE CALISOFF, M.D.

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ENTRY OF ORDER

On October 1, 2024, Randy Lyle Calisoff, M.D., executed a Surrender of his 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. 35.092948 authorizing Randy Lyle Calisoff, 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 9th day of October 2024, and the original thereof shall be kept with said Journal.





Kim G. Rothermel, M.D.  
Secretary

October 9, 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, Randy Lyle Calisoff, M.D., am aware of my right to representation by counsel, the right of being formally charged and having a formal adjudicative hearing and do hereby freely execute this Permanent Surrender of Certificate [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, Randy Lyle Calisoff, M.D., acknowledge that I have not been legally authorized to practice medicine and surgery since April 1, 2023, the date upon which my certificate expired due to non-renewal. Further, I do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, License #35.092948, 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 my certificate to practice medicine and surgery, License #35.092948, 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 #35.092948, 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, Randy Lyle Calisoff, 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, Randy Lyle Calisoff, 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)(22), Ohio Revised Code, "[a]ny of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," related to the indefinite suspension of my Illinois physician and surgeon license for a minimum of thirty nine months, due to my plea of guilty to misdemeanor Battery/Making Physical Contact in Cook County Illinois.

**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.

  
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RANDY LYLE CALISOFF, M.D.

10/1/2024  
\_\_\_\_\_  
DATE

  
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KIM G. ROTHERMEL, M.D.  
Secretary

10/9/24  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
HARISH KAKARALA, M.D.  
Supervising Member

10/9/24  
\_\_\_\_\_  
DATE

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RANDY LYLE CALISOFF, M.D.

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KIM G. ROTHERMEL, M.D.  
Secretary

\_\_\_\_\_  
DATE


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DATE

  
\_\_\_\_\_  
DOUGLAS GRAFF  
Attorney for Dr. Calisoff

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HARISH KAKARALA, M.D.  
Supervising Member

10/2/24  
\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE



SHANE STOEHR  
Enforcement Attorney

10/2/24

DATE