



**PERMANENT VOLUNTARY SURRENDER  
OF THE LICENSE TO PRACTICE DENTISTRY IN THE STATE OF OHIO**

**Do not sign this agreement without reading it. An individual who surrenders a license or certificate issued by the Board is thereafter ineligible to hold a license/certificate/registration to practice or to apply to the Board for reinstatement of the license/certificate/registration. You are permitted to be represented and advised by an attorney, at your own expense, before deciding to sign this voluntary agreement.**

I, ASHOK V. DESHPANDE, D.D.S., am aware of my right to representation by counsel, the right to be formally charged and have a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, ASHOK V. DESHPANDE, D.D.S., do hereby voluntarily, knowingly, and intelligently, permanently surrender my license to practice dentistry, License No. 30.020716, to the Ohio State Dental Board ("Board"), thereby relinquishing all rights to practice dentistry in Ohio.

I understand that as a result of the permanent voluntary surrender herein that I am no longer permitted to practice dentistry 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 license to practice dentistry, License No. 30.020716, or issuance of any other license pursuant to chapter 4715, Ohio Revised Code, on or after the last date of signature below of this Permanent Voluntary Surrender of the License to Practice Dentistry in the State of Ohio. Any such attempted re-application shall be considered null and void and shall not be processed by the Board.

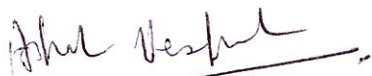
I, ASHOK V. DESHPANDE, D.D.S., stipulate and agree that I am taking the action described herein in lieu of further formal disciplinary proceedings pursuant to Ohio Revised Code Section 4715.30(A)(9), and Chapter 119. of the Ohio Revised Code. By signing this Agreement, I waive any right to a hearing or appeal provided by Ohio Revised Code 4715 or Chapter 119.

I, ASHOK V. DESHPANDE, D.D.S., hereby release the Board, its members, employees, attorneys, 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 of the Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. I, ASHOK V. DESHPANDE, D.D.S., 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.

**EFFECTIVE DATE**

It is expressly understood that this Permanent Voluntary Surrender of the License to Practice Dentistry in the State of Ohio is subject to ratification by the Board prior to signature by the President, Secretary and Vice Secretary, and shall become effective upon the last date of signature below.

  
\_\_\_\_\_  
ASHOK V. DESHPANDE, D.D.S.

08/12/2025  
DATE


\_\_\_\_\_  
Counsel for Dr. Deshpande

\_\_\_\_\_  
DATE


**OHIO STATE DENTAL BOARD**

  
\_\_\_\_\_  
CANISE Y. BEAN, D.M.D., M.P.H.  
President

9/24/2025  
DATE

  
\_\_\_\_\_  
PAUL M. KELLEY, D.D.S.  
Secretary

9-24-25  
DATE

  
\_\_\_\_\_  
KATHY BRISLEY-SEDON, D.D.S.  
Vice Secretary

9-24-25  
DATE

  
\_\_\_\_\_  
MIGUEL A. SANTIAGO, ESQ.  
Chief Legal Counsel

9/24/25  
DATE