

**Before the
New Hampshire Board of Medicine
Concord, New Hampshire 03301**

In the Matter of:

Anna M. Konopka, M.D., D.P., F.A.A.P.

Licensee No.: ~~4254~~ 4245 (P)

VOLUNTARY SURRENDER OF LICENSE

In order to avoid the delay and expense of further proceedings before the New Hampshire Board of Medicine ("Board"), I, Anna M. Konopka, M.D., D.P., F.A.A.P, per Med 412.03, do hereby voluntarily surrender my New Hampshire license (#4254) to practice medicine, effective on October 13, 2017.

By voluntarily surrendering my license, I understand that:

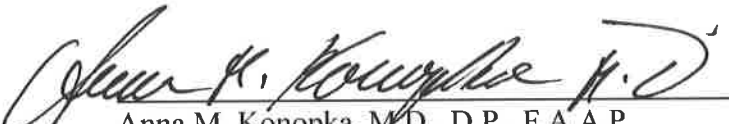
1. I relinquish all rights and privileges to practice medicine in the State of New Hampshire as of October 13, 2017. The additional time is to allow me to provide scheduled and emergency treatment.
2. After October 13, 2017, I can no longer legally treat any patients in New Hampshire, to include, but not limited to, examining and diagnosing patients and prescribing any medications to patients.
3. I may take until October 27, 2017 to wind up my practice, facilitate any referrals of patients to a new provider and the transfer of patient records, and notify my patients that as of October 13, 2017, I am no longer practicing medicine in New Hampshire.

4. The Board has commenced an investigation into my practice pursuant to RSA 329:18, but a notice of hearing has not issued as of the date that I sign this document.
5. This license surrender has occurred in settlement of pending allegations regarding my record keeping, prescribing practices and medical decision making.
6. I dispute the pending allegations and admit to no violations of RSA 329:17, VI or any administrative rules or ethics provisions adopted by the Board.
7. Should I again seek licensure in the State of New Hampshire, I must meet, and shall bear the burden of proving compliance with, all of the standards and prerequisites then required by the Board for new applicants, including professional character requirements.
8. The pending allegations shall be resolved in any future licensure application I may submit in New Hampshire. I hereby specifically waive any statute of limitations or laches defense, which might then be available, including, but not limited to, those based on RSA 332-G:8 and 9. I also waive any potential issues regarding a lack of a speedy hearing or spoliation of the evidence.
9. Once this this document goes into effect, it will be reported as discipline and distributed to all relevant licensing authorities and professional societies in the same manner as a final decision making specific findings of professional misconduct.

10. This document shall become a permanent part of my file, and will be maintained by the Board as a public document.
11. I voluntarily submit this surrender of license to the Board and state that no promises or representations have been made to me other than those terms and conditions expressly stated herein.
12. I have had the opportunity to seek and obtain the advice of an attorney of my choosing in connection with my decision to sign this document.
13. I am of sound mind and not under the influence of any substance that would impair my judgment at the time I sign this document.


FOR RESPONDENT

9/12/17
Date



Anna M. Konopka, M.D., D.P., F.A.A.P.

9/12/17
Date



Michael A. Pignatelli, Esq.
Counsel for Respondent

FOR THE BOARD*/

ACCEPTED BY THE BOARD OF MEDICINE on this 6th day of September,
2017.

Date: 9-20-2017

Penny Taylor
(Signature)

PENNY TAYLOR
(Print or Type Name)

Authorized Representative of the
New Hampshire Board of Medicine

*/ Board members not participating:

Frank B. Dibble, Jr., MD