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

In the Matter of: Nancy A. Kressin License No.: 11759 (Misconduct Allegations) Docket No. 17-06

## VOLUNTARY SURRENDER OF LICENSE

Recognizing that professional misconduct allegations are now pending against me before the New Hampshire Board of Medicine ("Board"), I, Nancy A. Kressin, hereby agree to a voluntary surrender of my New Hampshire license #11759, effective upon the date that I sign this document.

By voluntarily surrendering my license, I understand that:

- I relinquish all rights and privileges to practice medicine in the State of New Hampshire, effective as of the date that I sign this document.
- 2. I admit that this *Voluntary Surrender of License* has occurred in settlement of pending misconduct allegations that I:
  - a. reported to work at the Lakes Region General Hospital in Laconia on or about September 15, 2017 and provided anesthesia services to a patient or patients while under the influence of and/or impaired by an intoxicating substance or substances;
  - b. failed to submit complete and truthful information in a written response to the allegations, and/or failed to cooperate in the Board's investigation by refusing to be interviewed.

- 3. I deny, and admit to no violations of any State statutes, rules, or ethical provisions, but recognize that the fact of my *Voluntary Surrender of License* will be distributed by the Board as a disciplinary action.
- 4. I understand that this *Voluntary Surrender of License* shall be distributed to all relevant licensing authorities and professional societies in the same manner as a final decision making specific finding of professional misconduct.
- 5. I understand that this *Voluntary Surrender of License* shall become a permanent part of my file, and will be maintained by the Board as a public document.
- 6. I have no current intention to again seek licensure by this Board, or by any other State's Board of Medicine, and I understand that, in the event that I fail to comply with this agreement and submit a licensure application to this Board, such licensure application may be denied solely on the basis of this *Voluntary Surrender of License*. In the event that the Board does not deny such an application on that basis, I understand that the above referenced pending misconduct allegations shall be addressed at a Show Cause Hearing in any future licensure application process before the Board at which I shall have the burden of proof, and that these misconduct allegations may form the basis for the Board to deny any such application. I hereby specifically waive any statute of limitations or laches defense, which might then be available as to these misconduct allegations, including, but not limited to, those contained in RSA 332-G:8 and 9.

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7. I voluntarily submit this *Voluntary 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.

8. 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 *Voluntary Surrender of License*, and I have done so. My decision to sign this *Voluntary Surrender of License* has not been the result of any coercion, duress, or improper influence by anyone or by the Board.

9. I am not under the influence of any substance that would impair my judgment at the time I sign this *Voluntary Surrender of License*.

IN WITNESS WHEREOF, I hereby affix my signature on this \(\frac{\day}{\chi}\) day of \(\frac{Se \rho\day}{\chi}\), 2018.

Nancy A. Kressin

ACCEPTED BY THE BOARD OF MEDICINE on this 12th day of September, 2018.

Signature)

(Print or Type Name)

Authorized Representative of the

N.H. Board of Medicine