

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

In the Matter of:
Michael P. Dipre, MD
License No.: 10234
(Misconduct Allegations)

VOLUNTARY SURRENDER OF LICENSE

Recognizing that professional misconduct allegations are now pending against me before the New Hampshire Board of Medicine ("Board") concerning allegations pertaining to prescribing practices, I, Michael P. Dipre, MD, hereby voluntarily surrender my New Hampshire license, number 10234, effective on the date that the Board accepts this offer of voluntary surrender.

By voluntarily surrendering my license, I understand that:

1. I relinquish all rights and privileges to practice medicine in the State of New Hampshire effective upon the Board's acceptance of this voluntary surrender.
2. My health issues have caused me to become disabled. I have not practiced medicine since March 1, 2019 and am unable to return to practice.
3. I admit that this *Voluntary Surrender of License* has occurred in settlement of pending disciplinary charges that I prescribed controlled substances through a physician assistant, when I did not have a valid DEA registration.
4. I admit to no violations of RSA 329:17, VI, or any other laws, statutes or regulations, but recognize that the fact of my *Voluntary Surrender of License* will be recorded and distributed by the Board as a disciplinary action.

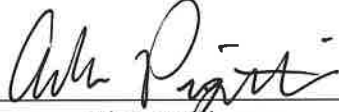
5. I understand that I have the right to seek legal counsel at my own expense. I have entered into this *Voluntary Surrender of License* agreement after consulting with legal counsel and with the full understanding of the legal consequences of this *Voluntary Surrender of License*.
6. Should I again 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.
7. I understand that the pending disciplinary 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 as to these misconduct allegations, including those under RSA 332-G:8 and 9.
8. I understand that if the Board chooses to accept my *Voluntary Surrender of License*, this document shall be distributed to all relevant licensing authorities and professional societies in the same manner as a final decision making a specific finding of professional misconduct. I recognize that the fact of my *Voluntary Surrender of License* will be distributed by the Board as a disciplinary action. I further understand that this document shall become a permanent part of my file, and will be maintained by the Board as a public document.

9. 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.
10. 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 15 day of November, 2019.



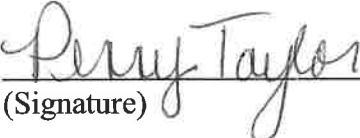
Michael P. Dipre, MD



Adam Pignatelli, Esq.
Counsel for Respondent

ACCEPTED BY THE BOARD OF MEDICINE on this 4th day of December, 2019.

Effective
Date: December 13, 2019



(Signature)

Penny Taylor

(Print or Type Name)
Authorized Representative of the
New Hampshire Board of Medicine