

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

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Department of Investigations
Telephone: (504) 568-6820
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IN THE MATTER OF:

No. 14-I-538

MARK DAVID NAQUIN, M.D.
(Certificate No. 016663),
Respondent

**STIPULATION AND
AGREEMENT FOR
VOLUNTARY SURRENDER
OF MEDICAL LICENSE**

This *Stipulation and Agreement* is made by Mark David Naquin, M.D., (“Dr. Naquin”), a physician who at all times material to the facts and matters alleged herein is licensed by the Louisiana State Board of Medical Examiners (the “Board”) to engage in the practice of medicine in the state of Louisiana, as evidenced by Certificate No. 016663.

1. *Acknowledgment and Stipulations.* Dr. Naquin hereby acknowledges, stipulates and agrees that:

- (a) In June 2014, the Board received information indicating that Dr. Naquin’s license to practice in South Carolina was Relinquished while under investigation.¹
- (b) Based on the information gathered thus far regarding the incidents set forth hereinabove, the Investigating Officer believes sufficient cause exists to charge Dr. Naquin with violation of the Louisiana Medical Practice Act.²
- (c) Dr. Naquin does not currently practice in Louisiana, and has expressed his intention to retire from medical practice in all jurisdictions, including this state.

¹ *Agreement*, In the Matter of Mark David Naquin, M.D., Cert. No. 1689013, No. 2014-234, S.C. Dept. of Labor, Licensing & Regulation. (June 11, 2014).

² Pursuant to La. R.S. §37:1285A., the Board may take action against the license of an individual as a result (29) “The refusal of a licensing authority of another state to issue or renew a license, permit, or certificate to practice medicine in that state or the revocation, suspension or other restriction imposed on a license, permit, or certificate issued by such licensing authority which prevents or restricts practice in that state . . . and/or (31) “Failure by a physician to self-report in writing to the board any personal action which constitutes a violation of this Part within thirty days of the occurrence.”

- (d) By law, pursuant to the Louisiana Medical Practice Act, La. Rev. Stat. §§37:1261, *et seq.*, and the Louisiana Administrative Procedure Act, La. Rev. Stat. §§49:951, *et seq.*, Dr. Naquin would be entitled, prior to final disciplinary action against his medical license, to have notice of the allegations and charges asserted against him and to administrative adjudication of such charges, pursuant to La. Rev. Stat. §§49:951, *et seq.* At such hearing Dr. Naquin would be entitled to be represented by legal counsel, to call witnesses, to present evidence on his own behalf in defense or in mitigation of the charges made, and to a decision thereon by the Board based upon written findings of fact and conclusions of law, pursuant to La. Rev. Stat. §§49:951, *et seq.*

2. ***Voluntary Surrender of License.*** Notwithstanding his right to notice of formal charges, administrative hearing and a decision thereon, as provided by La. Rev. Stat. §§49:951 *et seq.*, in recognition of the stipulations set forth hereinabove toward final disposition of the investigation now pending in this matter and in lieu of the institution and prosecution of formal administrative proceedings, Dr. Naquin, nonetheless, hereby waives his right to notice of charges and formal adjudication and voluntarily surrenders to the Board for cancellation of his license to practice medicine in this state, as evidenced by Certificate No. 016663. By his subscription hereto, Dr. Naquin also hereby authorizes the Investigating Officer designated by the Board with respect hereto to present this Stipulation to the Board for its consideration and to fully disclose to and discuss with the Board the nature and results of the investigation and he waives any objection to such disclosures under La. Rev. Stat. §49:960.

3. ***Effect of Voluntary Surrender of License.*** Dr. Naquin acknowledges, stipulates and agrees that the voluntary surrender of his medical license effected hereby in the presence of an administrative investigation shall have and shall be deemed by the Board to have, the same effect as if the Board had entered an order of revocation upon the conclusion of formal administrative proceedings. Dr. Naquin further acknowledges, stipulates and agrees that as a result of the voluntary surrender of his medical license effected hereby he shall not have any right or entitlement to reinstatement or renewal of his license to practice medicine in the state of Louisiana nor shall he hereafter be entitled to apply for or otherwise attempt to obtain any original, reinstated or renewed license to practice medicine in this state.

4. ***Termination of Proceedings.*** By the voluntary surrender of his medical license, and the attendant dismissal of the investigation occasioned hereby, Dr. Naquin, moreover, acknowledges, stipulates and agrees that he hereby waives any right to which he may be entitled pursuant to the Louisiana Administrative Procedure Act, La. Rev. Stat. §§49:951 *et seq.*, or which otherwise may be afforded to him by law to contest his agreement to or the force and effect of this document in any court or other forum relating to the matters referred to herein.

5. ***Advice of Counsel.*** Dr. Naquin acknowledges that he has had the opportunity to seek the advice and guidance of legal counsel with respect to this Stipulation and that all of the terms, conditions, restrictions and limitations contained herein have been explained to him and/or that he fully understands them.

6. ***Public Record.*** Dr. Naquin acknowledges, stipulates, and agrees that this

Stipulation and Agreement for Voluntary Surrender of Medical License shall be and shall be deemed to be a public record.

*Stipulation and Agreement
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STIPULATION
AND AGREEMENT

STATE OF SOUTH CAROLINA

COUNTY OF SPARTANBURG

I, MARK DAVID NAQUIN, M.D., hereby acknowledge, approve, accept, stipulate, agree and consent to entry of the above and foregoing this 30th day of JULY, 2014.

[Signature]
MARK DAVID NAQUIN, M.D.

WITNESSES:

[Signature]
Signature

Debbie O. Atkins
Printed Name

296 S. Daniel Morgan Ave.
Address

Spartanburg, SC 29306
City/State/Zip Code

[Signature]
Signature

Cheryl R Lewis
Printed Name

296 S Daniel Morgan Ave
Address

Spartanburg, SC 29306
City/State/Zip Code

Sworn to and subscribed before me at SPARTANBURG, SC, this 30th day of JULY, 2014, in the presence of the two stated witnesses.

[Signature]
Notary Public (Signature and Seal)

GARY L. COMPTON
Printed Name/Notary or Bar Number

ACCEPTANCE

CONSIDERING THE ABOVE AND FOREGOING, the Stipulation and Agreement for Voluntary Surrender of Medical License is hereby **APPROVED AND ACCEPTED** by the Louisiana State Board of Medical Examiners, this 18th day of August, 2014, effective immediately.

**LOUISIANA STATE BOARD
OF MEDICAL EXAMINERS**

BY:

Mark Dawson
MARK H. DAWSON, M.D.
PRESIDENT