LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130
Mailing Address: Post Office Box 30250, New Orleans, LA 70190-0250
www.lsbme.la.gov



Telephone: (504) 568-6820 FAX: (504) 568-8893 Writer's Direct Dial:

(504)		

SOURCE MILE		,
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	X	
		No. 14-I-550
Y (77) B.4. 4. 60.6	•	110. 14-1-550
In The Matter Of		
	:	
JOHN DOUGLAS STOVER, M.D.		
(Certificate No. 022943),		STIPULATION AND
(Certificate No. 022945),	•	
		AGREEMENT FOR
	:	VOLUNTARY SURRENDER
		OF MEDICAL LICENSE
		OF MEDICAL LICENSE
	:	
+++++	·-X	

This *Stipulation and Agreement* is made by John Douglas Stover, M.D. ("Dr. Stover"), a physician who at all times material to the facts and matters alleged herein was engaged in the practice of medicine in the state of Hawaii, but who at all times pertinent was also 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. 022943.

- 1. Acknowledgment and Stipulations. Dr. Stover hereby acknowledges, stipulates and agrees that:
  - (a) Pursuant to an Order entered in 2014, Dr. Stover agreed with the medical licensing authority for the state of Hawaii (the "Hawaii Board") to the voluntary revocation of his license to practice medicine in that state. The Order was issued while Dr. Stover was under investigation by, and in an effort to avoid a hearing before, the Hawaii Board for multiple instances of negligence and/or professional misconduct in the practice of medicine and for employing, utilizing, aiding and/or abetting an unlicensed person in undertaking conduct requiring a license.
  - (b) As a result of Respondent's surrender of his Hawaii medical license in order to avoid an evidentiary hearing on charges pending or threatened by the Hawaii Board, lawful cause exists for the revocation or suspension of Respondent's license to practice

¹See Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order, In the matter of the License to Practice Medicine of John D. Stover, D.D.S., M.D., Ph.D., pending before the Hawaii Medical Board, Department of Commerce and Consumer Affairs (Apr. 15, 2014).

medicine in the State of Louisiana, or for the imposition of such other terms, restrictions or conditions as the Board may determine to be appropriate pursuant to La. Rev. Stat. §37:1285A(29).²

- (c) 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. Stover 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. Stover would be entitled to be represented by legal counsel, to call witnesses and 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. Stover, nonetheless, hereby waives his right to notice of charges and formal adjudication and voluntarily surrenders to the Board for cancellation his license to practice medicine in this state, as evidenced by Certificate No. 022943. By his subscription hereto, Dr. Stover 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. Stover acknowledges, stipulates and agrees that the voluntary surrender of his medical license affected 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. Stover further acknowledges, stipulates and agrees that as a result of the voluntary surrender of his medical license he shall not have any right or entitlement to reinstatement or renewal of his license to practice medicine in 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. Stover, 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

²Pursuant to the Louisiana Medical Practice Act, La. Rev. Stat. §37:1285A, the Board may deny or take action against the license of a physician as the result of: (29) '[T]he 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, or the surrender of a license, permit, or certificate issued by another state when criminal or administrative charges are pending or threatened against the holder of such license, permit, or certificate.'

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. Stover 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. Stover 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 Follow on Next Page

## STIPULATION AND AGREEMENT

I, JOHN DOUGLAS STOVER, M.D., here	eby acknowledge, approve, accept, stipulate,
agree and consent to entry of the above and forego	ing this $/ \ell \ell$ day of $3/2 \ell \ell = 5$ ,
2015.	
JOHN	DOUGLAS STOVER, M.D.
WITN	ESSES: 1
Rear ()	Vala Bridge all
Signature	Signature
Beau Dye	ROMINIA BRIDINEIL
Bern Oye Typed Name	Typed Name
67-1195 Mama la hoa Hwy Address Kamuela H 96743	68-1692 NANACA COUNT Address
Komuela 41 96743 City/State/Zip Code	Signature  Signature  Signature  Signature  SHIDWELL  Typed Name  WANDLON HI 9673 8  City/State/Zip Code
	Hanrell in the
Sworn to and subscribed before me at Ka	muela, Louisiana this 16th day
1 1 a.c. 1 -	ence of the two stated witnesses.
- Innin	I. T. SA
	TOTARY TARE
M-0000	14-456
Notary Public (Signature and Seal)	
	THE OF HAMILIAN
Naome 1.T Shane	NE OF LIMIT
Printed Name	
h 1 1/2-1	Doc. Date: 3/10/15 # Pages: 5
December 28, 2018 14-456 Notary/Bar No.	Notary Name: Naome I. T. Shane Third Circuit
Notary/Bar No.	Dec. Description: Stipulation T. S. A.
	Notary Name: Naome I. T. Shane Third Circuit  Dec. Description: Sipulation  4 Agreement  Netary Signature  Date  Date  T. S. A. A. S. S. A. A. S.
	Netary Signature Date 4
	Netary Signature Date Z 14-A50  PUBLIC HARPING TATE OF FAMILIAN THE THE PARTY OF THE PROPERTY OF THE PARTY OF
	William Maria

## **ACCEPTANCE**

CONSIDERING THE ABOVE AND FOREGOING, the Stipulation	n and Agreement for
Voluntary Surrender of Medical License is hereby APPROVED AND ACCEPT	red by the Louisiana
State Board of Medical Examiners, thisday of	, 2015, effective
immediately.	

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

Y:

MARK H. DAWSON, M.D.

President