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.org



Telephone (504) 524-6763 FAX: (504) 568-8893 Writer's Direct Dial

CITE OF THE PARTY	Ext.
In The Matter Of	No. 00-I-058
LEON FRANCIS BERIDON, M.D. (Certificate No. 005165)	: STIPULATION AND : AGREEMENT FOR : VOLUNTARY SURRENDER OF MEDICAL LICENSE
	: x

THIS STIPULATION AND AGREEMENT is made and executed by Leon Francis Beridon, M.D. ("Dr. Beridon"), a physician, who at all times pertinent was and is licensed as of the date hereof to practice medicine in the state of Louisiana, with and in favor of the Louisiana State Board of Medical Examiners (the "Board").

- 1. ACKNOWLEDGMENT AND STIPULATIONS. Dr. Beridon hereby acknowledges, stipulates and agrees that:
- (a) The Board, through its Investigating Officer, John B. Bobear, M.D., notified Dr. Beridon of his intent to commence an investigation of his practice in order to determine whether he complied with the standard of care in connection with the treatment of patients.
- (b) Following such notification, Dr. Beridon met with and advised the Investigating Officer of his desire to make arrangements to close his office, permanently retire from the practice of medicine and voluntarily surrender his license.
- (c) Should the investigation have proceeded, Dr. Beridon recognizes that he would have been entitled to all of the rights and privileges afforded to him under the Louisiana Medical Practice Act (the "Act"), La. Rev. Stat. §§37:1261-1292, and the Louisiana Administrative Procedure Act, La. Rev. Stat. §§49:951, et. seq.
 - 2. VOLUNTARY SURRENDER OF LICENSE. Without admitting any impropriety in

¹Dr. Beridon is an eighty year-old family practitioner who has been engaged in practice in and around Simmesport, Louisiana.

his practice or violation of the Louisiana Medical Practice Act, Dr. Beridon, nonetheless, waives all rights to which he may otherwise be afforded under the Act and the Louisiana Administrative Procedure Act, and hereby voluntarily surrenders to the Board for cancellation, effective as of September 18, 2000, his license to practice medicine in the state of Louisiana, as evidenced by Certificate No. 005165. By his subscription hereto, Dr. Beridon also hereby authorizes the Investigating Officer designated by the Board with respect hereto to present this Stipulation and Agreement for Voluntary Surrender of Medical License to the Board for its consideration and to fully disclose to and discuss with the Board the nature 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. Beridon acknowledges, stipulates and agrees that the voluntary surrender of his medical license effected hereby, in the presence of notification that an administrative investigation was being commenced, 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. Beridon 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, occasioned hereby, Dr. Beridon, moreover, acknowledges, stipulates and agrees that he hereby waives any right to which he may be entitled pursuant to the Louisiana Administrative Procedure Act or which otherwise may be afforded to him by any law, to contest his agreement to or the force and effect of this document in any court or other forum relating to the stipulations, agreements, acknowledgments and other matters referred to herein.
- 5. ADVICE OF COUNSEL. Dr. Beridon acknowledges that he has sought and obtained the advice and guidance of legal counsel with respect to this document, that it has been completely explained to him and that he fully understands all of its terms, conditions, restrictions and limitations.
- 6. Public Record. Dr. Beridon 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**.

forum relating to the stipulations, agreements, acknowledgments and other matters referred to herein.

- 5. ADVICE OF COUNSEL. Dr. Beridon acknowledges that he has sought and obtained the advice and guidance of legal counsel with respect to this document, that it has been completely explained to him and that he fully understands all of its terms, conditions, restrictions and limitations.
- 6. PUBLIC RECORD. Dr. Beridon 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.

[SIGNATURES FOLLOW ON PAGES 4 AND 5]

STIPULATION AND AGREEMENT

STATE OF LOUISIANA PARISH OF <u>Avoyelles</u>	
I, LEON FRANCIS BERIDON, M.D., hereby act to entry of the above and foregoing Order, this	
WITNESSES:	
Signature Aloyera C. Decot	Joyce M. Sullon
Typed Name	Typed Name
P.O. Box 309, Marksville LA Address 71351	1256 Sycamore St
Address 7/351	1256 Sycamore St Address Cotton Part, LA 1132
Sworn to and subscribed before me at <u>Marks ville</u> , Louisiana, this day of <u>Aug us</u> , 2000, in the presence of the two stated witnesses.	
Mark Del	
Notary Public	

ACCEPTANCE

CONSIDERING THE ABOVE AND FOREGOING, the Stipulation and Agreement for Voluntary Surrender of Medical License, to be effective on September 18, 2000, is hereby APPROVED AND ACCEPTED by the Louisiana State Board of Medical Examiners, this 23 day of ________, 2000.

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

Bv:

renton L. James, I

erident