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**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**Deborah A. Metzger, M.D.
P.O. Box 66529
Scotts Valley, CA 95067-6529**

**Physician's and Surgeon's
Certificate No. C 50171**

Case No. 19-2010-204971

**AGREEMENT FOR
SURRENDER OF LICENSE**

Respondent.

TO ALL PARTIES:

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings, that the following matters are true:

1. Complainant, Kimberly Kirchmeyer, is the Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").

2. Deborah A. Metzger, M.D., ("Respondent") has carefully read and fully understands the effect of this Agreement.

3. Respondent understands that by signing this Agreement she is enabling the Board to issue this order accepting the surrender of license without further process. Respondent understands and agrees that Board staff and counsel for complainant may communicate directly with the Board regarding this Agreement, without notice to or participation by Respondent. The Board will not be disqualified from further action in this matter by virtue of its consideration of this Agreement.

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1 4. Respondent acknowledges there is current disciplinary action against her
2 license, that on January 27, 2012, an Accusation was filed against her and on September
3 25, 2013, a Decision was rendered wherein her license was revoked, with the revocation
4 stayed, and placed on three (3) years' probation with various standard terms and
5 conditions.

6 5. The current disciplinary action provides in pertinent part, "Following the
7 effective date of this Decision, if Respondent ceases practicing due to retirement, health
8 reasons, or is otherwise unable to satisfy the terms and conditions of probation, Respondent
9 may request voluntary surrender of Respondent's license." (Condition #17).

10 6. Upon acceptance of the Agreement by the Board, Respondent understands
11 she will no longer be permitted to practice as a physician and surgeon in California, and
12 also agrees to surrender her wallet certificate, wall license and D.E.A. Certificate(s).

13 7. Respondent hereby represents that she does not intend to seek relicensure or
14 reinstatement as a physician and surgeon. Respondent fully understands and agrees,
15 however, that if Respondent ever files an application for relicensure or reinstatement in the
16 State of California, the Board shall treat it as a Petition for Reinstatement of a revoked
17 license in effect at the time the Petition is filed. In addition, any Medical Board
18 Investigation Report(s), including all referenced documents and other exhibits, upon which
19 the Board is predicated, and any such Investigation Report(s), attachments, and other
20 exhibits, that may be generated subsequent to the filing of this Agreement for Surrender of
21 License, shall be admissible as direct evidence, and any time-based defenses, such as
22 laches or any applicable statute of limitations, shall be waived when the Board determines
23 whether to grant or deny the Petition.
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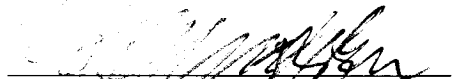
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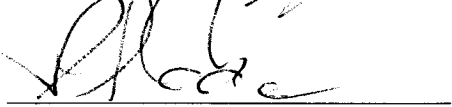
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ACCEPTANCE

1 I, Deborah A. Metzger, M.D., have carefully read the above Agreement and enter into
2 it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its
3 force and effect, do hereby surrender Physician's and Surgeon's Certificate No. C 50171,
4 to the Medical Board of California for its acceptance. By signing this Agreement for
5 Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose
6 all rights and privileges to practice as a Physician and Surgeon in the State of California
7 and that I have delivered to the Board my wallet certificate and wall license.

8 
9 _____
Deborah A. Metzger, M.D.

_____ 2/17/16
Date

10 
11 _____
12 Attorney or Witness

_____ 2/17/16
Date

13 
14 _____
15 Kimberly Kirchmeyer
16 Executive Director
17 Medical Board of California

_____ March 2, 2016
Date