

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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

In the Matter of the Case Against:

Sheldon Joel Sevinor, M.D.
496 Lynnfield St.
Lynn, MA 01904

MBC Case No. 8002016027227

**Physician's and Surgeon's
Certificate No. G29149**

Respondent.

DECISION AND ORDER

The surrender of Physician's and Surgeon's Certificate No. G29149, by Respondent, Sheldon Joel Sevinor M.D., is accepted by the Medical Board of California, Department of Consumer Affairs.

This Decision shall become effective at 5:00 p.m. on the 17th day of May, 2017.

Ordered May 17, 2017



**KIMBERLY KIRCHMEYER
EXECUTIVE DIRECTOR
MEDICAL BOARD OF CALIFORNIA**

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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

In the Matter of the Case Against:
Sheldon Joel Sevinor, M.D.
496 Lynnfield St.
Lynn, MA 01904

**Physician's and Surgeon's
Certificate No. G29149**

Respondent.

) **MBC Case No. 8002016027227**

) **STIPULATION FOR
SURRENDER OF LICENSE**

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. Sheldon Joel Sevinor, M.D. ("Respondent") has carefully read and fully understands the effect of this Stipulation.

3. Respondent agrees that based on the action taken by the Massachusetts Board of Registration in Medicine, (Exhibit A) cause exists to discipline his California Physician's and Surgeon's certificate pursuant to Business and Professions Code sections 141(a) and 2305.

4. Respondent understands that, if proven at hearing, the charges and allegations under investigation would constitute cause for imposing discipline upon Respondent's license issued by the Board.

5. Respondent is aware of each of his rights, including the right to a hearing, the right to confront and cross-examine witnesses who would testify against Respondent, the right to testify and present evidence on his own behalf, as well as to the issuance of subpoenas to

1 compel the attendance of witnesses and the production of documents, the right to contest any
2 charges and allegations, and other rights which are accorded Respondent pursuant to the
3 California Administrative Procedure Act (Gov. Code, §11500 et seq.) and other applicable laws,
4 including the right to seek reconsideration, review by the superior court, and appellate review.

5 6. In order to avoid the expense and uncertainty of a hearing, Respondent
6 freely and voluntarily waives each and every one of these rights set forth above. Respondent
7 hereby agrees to surrender Physician's and Surgeon's Certificate No. G29149.

8 7. Respondent understands that by signing this Stipulation he is enabling the
9 Board to accept the surrender of his license without further process, as provided by section
10 11415.60(b) of the Government Code.

11 8. Upon acceptance of the Stipulation by the Board, Respondent understands
12 that he will no longer be permitted to practice as a Physician and Surgeon in California, and also
13 agrees to surrender and cause to be delivered to the Board both his license and wallet certificate
14 before the effective date of the Decision.

15 9. Respondent hereby represents that he does not intend to seek relicensure
16 or reinstatement as a Physician and Surgeon. Respondent fully understands and agrees, however,
17 that if Respondent ever files an application for relicensure or reinstatement in the State of
18 California, the Board shall treat it as a Petition for Reinstatement, and the Respondent must
19 comply with all the laws, regulations and procedures for reinstatement of a revoked license in
20 effect at the time the Petition is filed. Case Report No. 8002016027227, including all referenced
21 attachments and other exhibits, and any additional attachments, and other exhibits, that may be
22 generated subsequent to the filing of the surrender of license, shall be admissible as direct
23 evidence, and any time based defenses, such as laches or any applicable statute of limitations,
24 shall be waived when the Board determines whether to grant or deny the Petition.

25 10. Respondent understands that this document may be disclosed to the
26 public, and/or the National Practitioner Data Bank and/or the Federation of State Medical
27 Boards.
28

ACCEPTANCE

I, Sheldon Joel Sevinor, M.D., have carefully read the above Stipulation and enter into it freely and voluntarily, with the full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. G29149, to the Medical Board of California. By signing this Stipulation for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Physician and Surgeon in the State of California, and I also will cause to be delivered to the Board both my license and wallet certificate before the effective date of the Decision.

DATED:

03/03/2017

Sheldon Joel Sevinor MD
Sheldon Joel Sevinor, M.D.
Respondent

DATED:

03/03/2017

[Signature]
WITNESS

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

EXHIBIT A

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss

Board of Registration in Medicine

Adjudicatory No.

In the Matter of
Sheldon J. Sevinor, M.D.
Registration No

RESIGNATION

I, Sheldon J. Sevinor, M.D., being duly sworn, depose and state:

1. I desire to resign my license to practice medicine in the Commonwealth of Massachusetts pursuant to the terms of 243 CMR 1.05(5)(a).
2. My resignation is tendered voluntarily.
3. I realize that this resignation is a final act that deprives me of all privileges of registration and is not subject to reconsideration or judicial review.
4. I will resign any other licenses contemporaneously with my resignation in Massachusetts, and I will make no attempt to seek licensure elsewhere.
5. I understand that my resignation is a disciplinary action that is reportable to any national data-reporting agency, pursuant to G.L. c. 112, §2.

Signed under the penalties of perjury this 21 day of September, 2016

Sheldon J. Sevinor M.D.
Sheldon J. Sevinor, M.D.

Then personally appeared before me the above-named, Sheldon Sevinor, M.D. who signed the foregoing resignation in my presence and acknowledged said resignation to be his free act and deed.

Dated: 09/21/16

A. J. Hounain
Notary Public
My Commission Expires: 08-04-2017

