COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss Board of Registration in Medicine

Adjudicatory No. 2017-048

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In the Matter of )

)

Nile L. Albright, M.D. )

Registration No. 35333 )

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# RESIGNATION

I, Nile L. Albright, 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 am not currently licensed to practice medicine in any other state and 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 15 day of November , 2017 .

Signed by Nile L.Albright

Nile L. Albright, M.D.

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

Dated:11/15/17 Signed by Ronna Berkowithz Nesselle

Notary Public

My Commission Expires: 1/11/24

Commonwealth of Massachusetts Notary Public

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