COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss Board of Registration in Medicine

 Adjudicatory No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 )

In the Matter of )

 )

KOENRAAD J. MORTELE, M.D. )

Registration No. 223120 )

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# RESIGNATION

I, Koenraad J. Mortele, M.D., being duly sworn, depose and state:

1. I desire to resign my license to practice medicine and/or my inchoate right to renew said license 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 \_19th\_\_day of \_April\_\_, 2023.

 Signed by Koenraad J. Mortele, M.D.

 Koenraad J. Mortele, M.D.

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

Dated: 4-19-23\_\_\_\_\_\_\_\_\_\_ Signed by Lisa Castoldi

 Notary Public

 My Commission Expires: February 8, 2030 Massachusetts Notary Public Seal