COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss Board of Registration in Medicine

Adjudicatory No. 2016-010

In the Matter of

THOMAS C. STERNE, M.D.

Registration No. 48208

# RESIGNATION

I, Thomas C. Sterne, 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 \_28\_\_\_\_day of \_January\_\_, 20\_16.

Signed by Thomas C. Sterne, M.D.

Thomas C. Sterne, M.D.

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

Dated:\_01/28/2016\_\_\_\_\_\_\_\_ Signed by Wilson Jimenez

Notary Public

My Commission Expires: 09/09/2002  
 Commonwealth of Massachusetts Notary

Public Seal