COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE

Middlesex, ss. Adjudicatory Case No. 2014-053

In the Matter of Calvin Cohen, M.D.	)))))	**Order**

On the date referenced below, at a duly convened meeting of the Board of Registration in Medicine (the "Board"), the Board considered the statement of the above-named physician setting forth the terms of resignation attached hereto and pursuant to 243 CMR 1.05(5)(a), during the pendency of an investigation by the Board.

Having determined that the resignation is in conformity with the requirements of 243 CMR 1.05(5)(a), the Board voted to accept the resignation.

The Respondent shall provide a complete copy of this Resignation and Order within (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which he practices medicine; any in-or out-of-state health maintenance organization with whom he has privileges or any other kind of association; any state agency, in- or out-of-state, with which he has a provider contract; any in- or out-of-state medical employer, whether or not he practices medicine there; and the state licensing boards of all states in which he has any kind of license to practice medicine, and the Drug Enforcement Administration Boston Diversion Group and the DPH Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which he becomes associated for the duration of this Resignation and Order. The Respondent is further directed to certify to the Board within ten (10) days that he has complied with this directive.

Date: December 17, 2014

Kathleen Sullivan Meyer

Kathleen Sullivan Meyer, Esq.
Vice Chair

SENT CERTIFIED MAIL 12/18/14 MB

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss

Board of Registration in Medicine

Adjudicatory No. 2014-053

In the Matter of

Calvin Cohen, M.D.
Registration No. 59576

RESIGNATION

I, Calvin Cohen, 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 8 day of Dec, 2014.

Calvin Cohen, M.D.

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

Dated: 12/8/14

Notary Public
My Commission Expires:

MYRNA J. COTTREAU
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
September 22, 2017