COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss Board of Registration in Medicine

 Adjudicatory No. 2014-053

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 )

In the Matter of )

 )

Calvin Cohen, M.D. )

Registration No. 59576 )

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# 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\_.

 Signed by Calvin Cohen

 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\_\_\_\_\_\_\_\_\_\_\_ Signed by Myrna J. Cottreau

 Notary Public

 My Commission Expires: September 22, 2017
 Commonwealth of Massachusetts Notary Public

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