## COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, ss!

BOARD OF REGISTRATION IN MEDICINE

Adjudicatory Case No.

In the Matter of ASHLEY E, AARON, M.D.

Registration No. 276841

## RESIGNATION

- I, ASHLEY E. AARON, 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)(b).
- 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 understand that my resignation is a disciplinary action that is reportable to any national data reporting agency, pursuant to G.L. c. 112, § 2, the Health Care Quality Improvement Act of 1986 (as amended), and Sections 1921 and 1128E of the Social Security Act.

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_\_, 20 24

ASHLEY E. ARON, M.D.

Then personally appeared before me the above-named ASHLEY E. AARON, M.D., who signed the foregoing resignation in my presence and acknowledged said resignation to be her

Dated: 1/4/24

Jessica D Alston NOTARY PUBLIC Chatham County North Carolina My Commission Expires February 28, 2027

My Commission Expires: February 21, 2027

J.J<sup>e.</sup>