COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss Board of Registration in Medicine

 Adjudicatory No. 2016-032

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In the Matter of )

 )

Donna B. Harkness, M.D. )

Registration No. 45999 )

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# RESIGNATION

I, Donna B. Harkness, 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 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 11 day of July , 2016.

 Signed by Donna B. Harkness, M.D.

 Donna B. Harkness, M.D.

 Then personally appeared before me the above-named **Donna B. Harkness, M.D.** who signed the foregoing resignation in my presence and acknowledged said resignation to be her free act and deed.

Dated:07/11/2016 Signed by Stephen J. Minicucci II

 Notary Public

 My Commission Expires: March 18, 2019

 State of Rhode Island Notary Public Seal