## COMMONWEALTH OF MASSACHUSETTS

	COMMONWEAL	IN OF MASSACHUSELIS
Midd	dlesex, ss	Board of Registration in Medicine
		Adjudicatory No. 2017-004
Alisa	a M. Kohn, M.D. istration No. 205134	
	RE	SIGNATION
I, Ali	lisa M. Kohn, M.D., being duly sworn,	depose and state:
1.	I desire to resign my license to pract pursuant to the terms of 243 CMR 1	tice medicine in the Commonwealth of Massachusetts .05(5)(a).
2.	My resignation is tendered voluntari	ily.
3.	I realize that this resignation is a fin and is not subject to reconsideration	al act that deprives me of all privileges of registration or judicial review.
4.	I am not currently licensed to practical attempt to seek licensure elsewhere.	ce medicine in any other state and will make no
5.	I understand that my resignation is a data-reporting agency, pursuant to C	a disciplinary action that is reportable to any national G.L. c. 112, §2.
Sign	ned under the penalties of perjury this _	29 day of Nov, 2016.
.1. (	Then personally appeared before m	Alisa M. Kohn, M.D. oka Harrisan e the above-named, Alisa M. Kohn, M.D. who signed and acknowledged said resignation to be his free act
	deed.	and acknowledged said resignation to be instreed det
Date	ted: 11/29/16	Notary Public The 25 2010
	PING H. VVOING	My Commission Expires: \( \text{Way 301 Dell'} \)

PING H. WORLD My Notary Public Commonwealth of Massachusetts My Commission Expires July 28, 2017