COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss Board of Registration in Medicine

Adjudicatory No. 11-344, 13-459 and 14-040

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In the Matter of )

)

DORIS C. PLISKIN, M.D. )

Registration No. 46490 )

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# RESIGNATION

I, Doris C. Pliskin, 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 9th day of October , 2017 .

Signed by Doris C. Pliskin, M.D.

Doris C. Pliskin, M.D.

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

Dated:10/9/2017 Signed by Kylie Withrow

Notary Public Kylie Withrow

My Commission Expires: 06/01/2021 Notary Public Seal – State of New Hampshire