COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss Board of Registration in Medicine

 Adjudicatory No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 )

In the Matter of )

 )

Sheldon J. Sevinor, M.D. )

Registration No )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

# RESIGNATION

I, Sheldon J. Sevinor, 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 \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_, 20\_\_\_.

 Sheldon J. Sevinor, M.D.

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

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

 My Commission Expires: