COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss Board of Registration in Medicine

 Adjudicatory No. 2024-051

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

 )

In the Matter of )

 )

CHRISTOPHER R. SHEERER, D.O.)

Registration No. 1018235 )

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

# RESIGNATION

I, CHRISTOPHER R. SHEERER, D.O., 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)(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 \_6th\_\_\_day of September, 2024.

 Signed by Christopher Sheerer, D.O.

 CHRISTPHER R. SHEERER, D.O.

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

Dated: September 6, 2024 Robert J. LaLiberte

 Notary Public

 My Commission Expires: April 10, 2026

 Massachusetts Notary Public Seal