## COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.	Board of Registration in Medicine
	Docket Nos. 20-905 and 23-208
In the Matter of	
Surender Singh, M.D.	
Registration No. 53103	

## **VOLUNTARY AGREEMENT NOT TO PRACTICE MEDICINE**

- 1. I agree to cease my practice of medicine in the Commonwealth of Massachusetts effective immediately.
  - 2. I agree not to seek licensure in any other state.
  - 3. I agree not to practice medicine in any other state.
- 4. This Agreement will remain in effect until the Board of Registration in Medicine (Board) determines that this Agreement should be modified or terminated; or until the Board takes other action against my license to practice medicine; or until the Board takes final action on the above-referenced matter.
  - 5. I am entering this Agreement voluntarily.
- 6. I understand that this Agreement is a public document and may be subject to a press release.
- 7. I understand that this action is non-disciplinary, but will be reported by the Board to the appropriate federal data banks and national reporting organizations, including the National Practitioner Data Bank and the Federation of State Medical Boards.
- 8. Any violation of this Agreement shall be prima facie evidence for immediate summary suspension of my license to practice medicine.
- 9. I understand that by voluntarily agreeing not to practice medicine in the Commonwealth of Massachusetts pursuant to this Agreement, I do not waive my right to contest any allegations brought against me by the Board and my signature to this Agreement does not constitute any admissions on my part. Nothing contained in this Agreement shall be construed as an admission or acknowledgment by me as to wrongdoing of any kind in the practice of medicine or otherwise.

- 10. I agree that I will notify all active patients in writing, by phone and email that my practice is presently closed and will remain closed during the pendency of this Agreement. I further agree to post a sign at the entrance of the practice and update the practice's outgoing voicemail message to reflect that I am not presently practicing medicine.
- 11. I agree to have staff available to provide copies of medical records for patients who request same. I further agree to notify patients in writing of the process for obtaining requested records.
- 12. I agree to facilitate the transfer of care of my active patients to another provider. For patients who do not require continual follow-up, I will provide information about options for transferring care. For patients who need continual follow-up, I agree to provide a specific referral to another physician who is suitable with respect to practice specialty and has the ability to accept new patients.
- hours of notification of the Board's acceptance of this Agreement, within twenty-four (24) hours of notification of the Board's acceptance of this Agreement, by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in-state or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which I practice medicine; any in-state or out-of-state health maintenance organization, with which I have privileges or any other kind of association; any state agency, in-or-out-of state, with which I have a provider contract; any in-state or out-of-state medical employer, whether or not I practice medicine there; the Drug Enforcement Administration Boston Diversion Group; Massachusetts Department of Public Health Drug Control Program; and the state licensing boards of all states in which I have any kind of license to practice medicine. I will certify to the Board within seven (7) days that I have complied with this directive. The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above or any other affected entity, of any action it has taken.
  - 14. This Agreement represents the entire agreement between the parties at this time.

Swinder Singh, M.D.

Licensee

2 15 202 4 Date

Accepted by the Board of Registration in Medicine this 16 day of Februasy, 2024.

Booker T. Bush, M.D. Board Chair or Designee

20 <u>24</u> .	Ratified by vote of the Board of Registration in Medicine this 29Th day of Feb	mary,
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Board Chair or Board Member