

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss

Board of Registration in Medicine

Adjudicatory No. 2017-017

_____)
 In the Matter of)
)
 PETER J. LAURSEN, M.D.)
 Registration No. 39764)
 _____)

RESIGNATION

I, Peter J. Laursen, 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 2 day of May, 2017.

Peter J. Laursen MD
 Peter J. Laursen, M.D.

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

Dated: 5/2/2017

[Signature]
 Notary Public
 My Commission Expires: 07-08-2022