COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, SS.

BOARD OF REGISTRATION
IN MEDICINE

Docket No. 06-118, 06-168

In the Matter of

MAURICE BERARD, M.D.

VOLUNTARY AGREEMENT NOT TO PRACTICE MEDICINE

1. I agree to cease my practice of medicine in the Commonwealth of Massachusetts effective immediately.

2. 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.

3. I am entering this Agreement voluntarily.

4. I understand that this Agreement is a public document and may be subject to a press release.

5. I understand that this Agreement is a voluntary restriction of my license to practice medicine and is considered to be a disciplinary action that is reportable by the Board to national data reporting systems, pursuant to G.L. c. 112, § 2.

6. Any violation of this Agreement shall be prima facie evidence for immediate summary suspension of my license to practice medicine.

7. 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.

8. I agree to provide a complete copy 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; the 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.

9. This Agreement represents the entire agreement between the parties at this time.

Maurice A Berard MD
MAURICE BERARD, M.D., Licensee

May 19th 2006
Date

Attorney for Licensee

Date

Accepted by the Board of Registration in Medicine this 19th day of May, 2006.

Martin Crane MD
Martin Crane, M.D.
Board Chair

Ratified by vote of the Board of Registration in Medicine this 7th day of June, 2006.

Martin Crane MD
Martin Crane, M.D.
Chair

Sent by certified mail on 6/7/06