BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In The Matter of the License of ) License No. 6895

SEBASTIAN PAULIN, M.D., )

Licensee.

ORDER ACCEPTING VOLUNTARY SURRENDER OF LICENSE

The voluntary surrender of the medical license Sebastian Paulin, M.D., came on before the Nevada State Board of Medical Examiners, hereinafter “Board”, for consideration at a regularly scheduled meeting of the Board on March 9, 2012 at the Board’s offices located at 1105 Terminal Way, Suite 301, Reno, Nevada, 89502, and by video conference at the offices of the Nevada State Board of Dental Examiners located at 6010 S. Rainbow Boulevard, Building A, Suite 1, Las Vegas, Nevada 89118. Licensee Sebastian Paulin, M.D. was not present.

The members of the Board participating in the decision were: Theodore B. Berndt, M.D., Ms. Valerie Clark, BSN, RHU, LUTCF, Michael J. Fischer, M.D., Mrs. Sue Lowden, Bashir Chowdhry, M.D. and Wayne Hardwick, M.D. Harry B. Ward, J.D., Deputy Attorney General, acted as legal counsel to the Board.

The Board, having received Dr. Paulin’s wallet license and affidavit and considering those materials provided, enters the following order:

IT IS HEREBY ORDERED that the voluntary surrender of the medical license of Sebastian Paulin, M.D. is hereby accepted pursuant to NAC 630.240.

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This voluntary surrender is considered to have been made while under investigation.

Dated this 9th day of March, 2012.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

[Signature]

Benjamin J. Rodriguez, M.D., President
Nevada State Board of Medical Examiners
AFFIDAVIT OF SEBASTIAN PAULIN, M.D.

STATE OF NEVADA )
COUNTY OF CLARK ) ss.

I, Sebastian Paulin, M.D., being first duly sworn upon oath, hereby depose and state under penalty of perjury as follows:

1. I desire to voluntarily surrender my license to practice medicine in the state of Nevada, license number 6895 pursuant to Nevada Administrative Code 630.240.

2. I acknowledge that the voluntary surrender of my license to practice medicine is absolute and irrevocable.

3. I understand that my physical license to practice medicine in Nevada must accompany this Affidavit.

4. I further understand that this voluntary surrender will be considered to have occurred while under investigation and accordingly may be reported to any appropriate agency or person, including but not limited to, the National Practitioner Data Bank.

5. I further understand that this voluntary surrender of my license to practice medicine must be accepted by the Nevada State Board of Medical Examiners and that should my surrender of license be accepted by the Board, it will be effective immediately upon acceptance.

6. I understand that this affidavit as well as any Order issued by the Board memorializing the acceptance of my surrender of license shall be consider public documents.

7. I have discussed this decision with my counsel, Maria Nutilie, Esq., and I knowingly and willingly make this statement indicating my desire to surrender my license.

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8. I understand that this surrender of my license does not preclude the Investigative Committee from initiating disciplinary action against me if arising from investigations of conduct occurring during the time I was licensed.

9. Further, your affiant sayeth naught.

[Signature]

Sebastian Paulin, M.D.

Subscribed and sworn to before me this 3rd day of February, 2012.

[Signature]

Lisa Barbour

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
LISA BARBOUR
No. 97-4338-1
My Appointment Expires Sept. 1, 2015
NEVADA STATE BOARD OF
MEDICAL EXAMINERS
PO Box 7238, Reno NV 89510
775/688-2559 - www.medboard.nv.gov

This certifies that Sebastian Mabanag PAULIN, M.D.
holds Active Status Medical Doctor licensure
in the state of Nevada in accordance with Nevada
Revised Statutes Chapter 630.
License Number: 6895
Issued: 07/31/1993
Expires: 06/30/2013

President, Nevada State Board of Medical Examiners