

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

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5
6 **In The Matter of the License of**)
7)
8 **JOHN ANDREWS TAFEL, M.D.,**)
9 **Licensee.**)
10 _____)

License No. 14116

FILED

DEC 11 2013

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

11
12 **ORDER ACCEPTING VOLUNTARY SURRENDER OF LICENSE**

13 The voluntary surrender of John Andrews Tafel, M.D.'s license to practice medicine in the
14 state of Nevada, came on before the Nevada State Board of Medical Examiners (Board) for
15 consideration at a regularly scheduled meeting of the Board on December 6, 2013 at the Board's
16 offices located at 1105 Terminal Way, Suite 301, Reno, Nevada, 89502, and by videoconference at
17 the Board's offices located at 6010 S. Rainbow Boulevard, Building A, Suite 1, Las Vegas,
18 Nevada 89118. Licensee John Andrews Tafel, M.D. was not present.

19 The members of the Board participating in the decision were: Beverly Neyland, M.D.,
20 Mrs. Sue Lowden, Bashir Chowdhry, M.D., Wayne Hardwick, M.D. and
21 Rachakonda D. Prabhu, M.D. Colleen L. Platt, J.D., Deputy Attorney General, acted as legal
22 counsel to the Board.

23 The Board, having received Dr. Tafel's wallet license and affidavit and considering those
24 materials provided, enters the following order:

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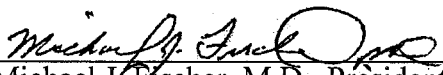
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IT IS HEREBY ORDERED that the voluntary surrender of the medical license of John Andrews Tafel, M.D. is hereby accepted pursuant to NAC 630.240, effective immediately.

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

DATED this 6th day of December, 2013.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
Michael J. Fischer, M.D., President
Nevada State Board of Medical Examiners

AFFIDAVIT OF JOHN ANDREWS TAFEL, M.D.

1
2 **STATE OF TEXAS**)
3 **COUNTY OF** Harris) **ss.**

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5 I, John Andrews Tafel, M.D., being first duly sworn upon oath, hereby depose and state
6 under penalty of perjury under the laws of the state of Nevada as follows:

7 1. I desire to voluntarily surrender my license to practice medicine in the state of
8 Nevada, License Number 14116.

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

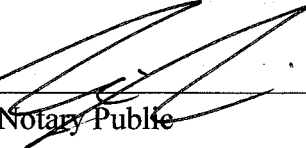
11 3. I understand that my actual license to practice medicine in Nevada, as well as my
12 wallet-size license, should accompany this Affidavit upon return to the
13 Nevada State Board of Medical Examiners, if possible.

14 4. I further understand that this voluntary surrender will be considered to have occurred
15 while under investigation, and accordingly, may be reported to any agency or person the
16 Nevada State Board of Medical Examiners considers legally advisable, including but not limited to,
17 the National Practitioner Data Bank.

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

21
22 
23 John Andrews Tafel, M.D.

24 Subscribed and sworn to before me
25 This 26 day of September, 2013.

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27 
28 Notary Public

