BEFORE THE BOARD OF MEDICAL EXAMINERS 1 OF THE STATE OF NEVADA 2 * * * * * 3 4 In The Matter of the License of License No. 2844 5 6 FILED JAMES EDWARD TINNELL, M.D., 7 MAR 1 3 2012 Licensee. 8 NEVADA STATE BOARD OF MEDICAL EXAMINERS 9 ORDER ACCEPTING VOLUNTARY SURRENDER OF LICENSE 10

The voluntary surrender of medical license of James Edward Tinnell, 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 videoconference 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 James Edward Tinnell, M.D. was not present.

The members of the Board participating in the decision 18 were: 19 Benjamin Rodriguez, M.D., Beverly Neyland, M.D., Ms. Donna Ruthe, Mrs. Sue Lowden, Bashir Chowdhry, M.D. and Wayne Hardwick, M.D. 20 Harry B. Ward, J.D., Deputy Attorney General, acted as legal counsel to the Board. 21

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

24IT IS HEREBY ORDERED that the voluntary surrender of the medical license of25James Edward Tinnell, 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. NEVADA STATE BOARD OF MEDICAL EXAMINERS By: Benjamin J. Rodriguez, M.D., President Nevada State Board of Medical Examiners

AFFIDAVIT OF JAMES EDWARD TINNELL, M.D.

STATE OF NEVADA)) ss. **COUNTY OF CLARK**

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I, James Edward Tinnell, M.D., being first duly sworn upon oath, hereby depose and state 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 Nevada, license number 2844. 8

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

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

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

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 and that should my surrender of 20 license be accepted it will be effective immediately upon acceptance.

mes linas , MD James Edward Tinnell, M.D.

Subscribed and sworn to before me 24

This <u>17</u> day of <u>February</u>, 2012. 25

JACQUELINE VALDEZ Notary Public State of Nevada No. 99-53783-1 Appt. Exp. March 15, 2015

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June 5, 1974 DATE OF NEVADA

