

**Before the
New Hampshire Board of Allied Health Professionals
Physical Therapy Governing Board
Concord, New Hampshire 03301**

In the Matter of:
John N. Wile, PT

VOLUNTARY SURRENDER OF LICENSE

Recognizing that professional misconduct allegations are now pending against me before the New Hampshire Board of Allied Health Professionals, Physical Therapy Governing Board ("Board") concerning my failure to comply with a random audit by the Board of my continuing education units ("CEUs"), I, John N. Wile PT, hereby voluntarily surrender my New Hampshire physical therapy license (#1370) effective on the date that the Board accepts this *Voluntary Surrender of License*.

By voluntarily surrendering my license, I understand that:

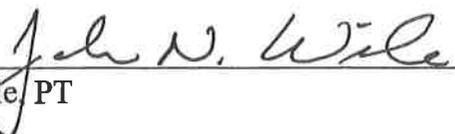
1. I relinquish all rights and privileges to practice physical therapy in the State of New Hampshire effective upon the Board's acceptance of this *Voluntary Surrender of License*.
2. I admit that this license surrender has occurred in settlement of pending allegations of misconduct.
3. I admit to no violations of RSA 328-A:9, but recognize that the fact of my voluntary surrender will be distributed by the Board as a disciplinary action.
4. Should I again seek licensure in the State of New Hampshire, I must meet and shall bear the burden of proving compliance with all of the standards and

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prerequisites then required by the Board for new applicants, including professional character requirements.

5. I understand that the pending disciplinary allegations shall be issues to be resolved in any future licensure application I may submit in New Hampshire. I hereby specifically waive any statute of limitations or laches defense, which might then be available as to these misconduct allegations.
6. I understand that if the Board chooses to accept my surrender of license, this document shall be distributed to all relevant licensing authorities and professional societies in the same manner as a final decision making specific findings of professional misconduct. I recognize that the fact of my voluntary surrender will be distributed by the Board as a disciplinary action. I further understand that this document shall become a permanent part of my file, and will be maintained by the Board as a public document.
7. I voluntarily submit this *Voluntary Surrender of License* to the Board and state that no promises or representations have been made to me other than those terms and conditions expressly stated herein.

IN WITNESS WHEREOF, I hereby affix my signature on this 12 day of August 2004 2004.



John N. Wile, PT

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ACCEPTED BY THE BOARD OF ALLIED HEALTH PROFESSIONALS
PHYSICAL THERAPY GOVERNING BOARD

On this 15th day of September, 2004.

Date: September 15, 2004

Veronique C Soucy
(Signature)

VERONIQUE C Soucy
Administrator and ...
(print or type name)

Authorized Representative of the
New Hampshire Board of Allied Health
Physical Therapy Governing Board

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