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AUG 19 2015

**Before the
New Hampshire Physical Therapy Governing Board
Concord, New Hampshire 03301**

Office of Licensed
Allied Health Professionals

In the Matter of:
William R. Dufresne, PT
License No. 3179

Docket No. 03-2015

VOLUNTARY SURRENDER OF LICENSE

Recognizing that professional misconduct allegations are now pending against me before the New Hampshire Physical Therapy Governing Board ("Board") concerning allegations that I inappropriately touched patients during physical therapy sessions, I, William R. Dufresne, PT, hereby voluntarily surrender my New Hampshire license (#3179) effective on the date that the Board accepts this offer of voluntary surrender.

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.
2. I admit to no violations of RSA 328-F:23, II, but recognize that the fact of my voluntary surrender will be distributed by the Board under this disciplinary docket number.
3. 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 prerequisites then required by the Board for new applicants, including professional character requirements.

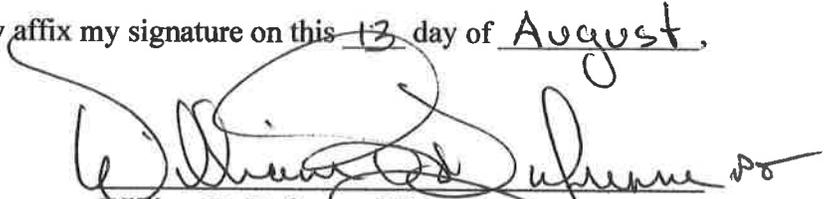
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In the Matter of William R. Dufresne, PT
Voluntary Surrender of License*

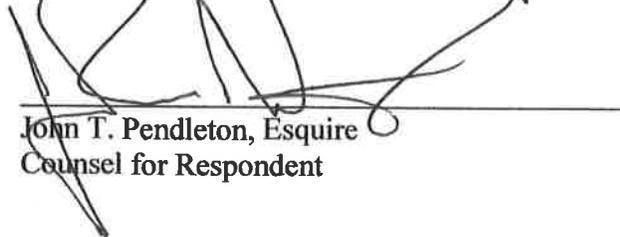
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- 4. I understand that the pending disciplinary allegations shall be resolved in any future licensure application I may submit in New Hampshire. I hereby specifically waive any statute of limitations or laches defense, which might then be available as to these misconduct allegations.
- 5. I understand that this document shall become a permanent part of my file, and will be maintained by the Board as a public document.
- 6. I voluntarily submit this 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 13 day of August, 2015.



William R. Dufresne, PT



John T. Pendleton, Esquire
Counsel for Respondent

ACCEPTED BY THE ALLIED HEALTH PROFESSIONALS BOARD on this 19 day of August, 2015.

Date: 8/19/15



(Signature)

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(Print or Type Name)

Authorized Representative of the
NH Physical Therapy Governing Board

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