

**State of New Hampshire
Board of Medicine
Concord, New Hampshire**

In the Matter of:
Marcy K. Traum, M.D.
License No. RT-1892
(Adjudicatory Proceedings)

Docket No. 11-17

VOLUNTARY SURRENDER OF TRAINING LICENSE

Recognizing that matters are now pending against me before the New Hampshire Board of Medicine (“Board”) concerning my New Hampshire training license, I, Marcy K. Traum, MD, hereby voluntarily surrender my New Hampshire training license (#RT-1892) effective on the date that the Board accepts this offer of voluntary surrender.

By voluntarily surrendering my training license, I understand that:

1. I relinquish all rights and privileges associated with a training license to practice medicine in the State of New Hampshire effective upon the Board’s acceptance of this voluntary surrender.
2. I, through legal counsel, voluntarily reached this agreement with Hearing Counsel to surrender my training license.
3. I admit that this training license surrender has occurred in settlement of pending matters concerning the following: In 2008, I entered the New Hampshire Professionals Health Program (“PHP”) for assistance in my recovery from alcoholism. In September of 2011, I self-reported to Dr. Sally Garhart of the PHP that I had violated the terms of my PHP contract and sought professional help to deal with my substance abuse issues.

4. I have no intention of ever practicing medicine in New Hampshire.
5. I admit to no violations of RSA 329:17, VI, but recognize that the fact of my voluntary surrender will be distributed by the Board as a disciplinary action.
6. Should I again seek any form of medical 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. Additionally, should I again seek any form of medical licensure in the State of New Hampshire; I must enter into a contract with the PHP, or its equivalent, for five (5) years and submit proof of compliance with the first year of that contract.
7. I understand that the pending matters shall be resolved in any future licensure application I may submit in New Hampshire. I hereby specifically waive any statute of limitations, speedy hearing, spoliation of evidence or laches defense, which might then be available as to these matters.
8. I understand that if the Board chooses to accept my surrender of training license, this document shall be distributed to all relevant licensing authorities and professional societies in the same manner as a final decision of the Board. 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.

9. I voluntarily submit this surrender of my training 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 1 day of August, 2013.

Marcy Traum
Marcy K. Traum, MD

Witness

ACCEPTED BY THE BOARD OF MEDICINE on this 4th day of September, 2013.

Date: 9-6-2013

Penny Taylor
(Signature)

PENNY TAYLOR
(Print or Type Name)
Authorized Representative of the
New Hampshire Board of Medicine