

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

**FILED**

SEP 19 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )

Plaintiff )

v. )

Case No. 24-01-6294

JOHN WILLIAM NEDZA, MD, )  
LICENSE NO. MD 32306, )

Defendant. )

**VOLUNTARY SURRENDER OF LICENSE IN LIEU OF PROSECUTION**

State of Oklahoma )  
 ) ss:  
Oklahoma County )

I, John William Nedza, being of lawful age and after first being duly sworn, depose and state as follows:

1. I hereby voluntarily surrender my Oklahoma Medical License no. 32306.
2. The surrender of my license is freely and voluntarily made. I have not been subject to any coercion or duress, and I am fully aware of the consequences of the surrender of my license.
3. In a hearing on the matter, the allegations, if proven, would constitute grounds for disciplinary action by the Board.
4. The allegations of unprofessional conduct to which I plead guilty are as follows:
  - A. On numerous occasions I obtained controlled dangerous substances by withdrawing them from a Pyxis machine at a medical facility at which I worked, for my personal use.
5. I am guilty of unprofessional conduct by violating the following rules of professional conduct:
  - a. Habitual intemperance or the habitual use of habit-forming drugs in violation of 59 O.S. § 509(4);

- b. Dishonorable or immoral conduct which is likely to deceive, defraud, or harm the public in violation of 59 O.S. § 509(8) and OAC 435:10-7-4(11);
  - c. The habitual or excessive use of any drug which impairs the ability to practice medicine with reasonable skill and safety to the patient in violation of OAC 435:10-7-4(3);
6. I will submit my wallet card and wall certificate as evidence of my intent to surrender my license within 10 days.
  7. I hereby agree that I will not reapply for reinstatement of my Oklahoma Medical License for a minimum of one (1) year from the date this surrender is accepted by the Board. If the Board ever reinstates my Oklahoma Medical License, I agree that it will be under terms of probation to be set by the Board at the time of reinstatement and that I will be required to be evaluated by Board approved providers to ensure my ability to practice safely.
  8. As a condition to accepting my surrender of license in lieu of prosecution, I acknowledge that the Board may require me to pay all costs expended by the Board for any legal fees and costs, and any investigation, probation and monitoring fees, including but not limited to staff time, salary and travel expense, witness fees and attorney fees.

Dated this 13 day of September, 2024.

  
 \_\_\_\_\_  
 John William Nedza, M.D., License #32306




Subscribed and sworn before me this 13 day of September, 2024.

  
 \_\_\_\_\_  
 Notary Public

My commission expires: 11/12/24

**ACCEPTED:**

  
 \_\_\_\_\_  
 Billy H. Stout, M.D., Board Secretary  
 OKLAHOMA STATE BOARD OF MEDICAL  
 LICENSURE AND SUPERVISION

Dated: SEPTEMBER 19, 2024