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

		LILED		
STATE OF OKLAHOMA, ex rel. OKLAHOMA STATE BOARD		MAY 16 2024		
	EDICAL LICENSURE SUPERVISION,	OKLAHOMA STATE BOARD OF MEDICAL LICENSURE & SUPERVISION		
	Plaintiff,	)		
<b>v.</b>		) Case No. 24-02-6296		
STEVEN WAYNE POWELL, M.D., LICENSE NO. MD 35353,				
	Defendant.	;		
	VOLUNTARY SURRENDER OF	LICENSE IN LIEU OF PROSECUTION		
State o	of Georgia )			
Fo!	County ) ss:			
	ven Wayne Powell, M.D. ("Defendant, depose and state as follows:	t"), being of lawful age and after first being duly		
1.	I am Steven Wayne Powell, M.D., ho	lding Oklahoma Medical License No. 35353.		
2.	I hereby voluntarily surrender my Oklahoma medical license No. 35353, effective May 16, 2024. 59 O.S. 509.1(E).			
3.	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.			
4.	I admit that I am the subject of a proceeding by the Oklahoma State Board of Medical Licensure and Supervision ("Board") involving allegations which, if proven, would constitute grounds for disciplinary action by the Board.			
5.	I Plead guilty to and was convicted of felony Medicare fraud in the United States Federal District of New Hampshire.			
6.	I am guilty of unprofessional conduct:	ct by violating the following rules of professional		
		SWB SWI		

Conviction or confession of, or plea of guilty, nolo contendere, no contest or Alford plea to a felony or any offense involving moral turpitude; 59 O.S. § 509(5)

- I hereby submit my wallet card and wall certificate as evidence of my intent to surrender my license. 59 O.S. § 509.1(E)(2).
- 8. If I ever request reinstatement of my Oklahoma Medical License, I understand that I will be required to appear before and get Board approval prior to being reinstated. I also understand I will not be eligible for reinstatement until all monies currently owed to the Board for my disciplinary matters are paid per 59 O.S. § 508.2(A) and only after a minimum of one year has passed from the date of this Order per 59 O.S. § 509.1(E)(4).
- 9. If the Board does not accept this Voluntary Surrender In Lieu of Prosecution the Plaintiff and Defendant (collectively, the "Parties") stipulate that it shall be regarded as null and void. Admissions by Defendant herein, if any, shall not be regarded as evidence against him in a subsequent disciplinary hearing. Defendant will be free to defend himself, and no inferences will be made from his willingness to have this Order accepted by the Board. The Parties stipulate that neither the presentation of the Order nor the Board's consideration of this Order shall be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, shall not be grounds for precluding the Board nor any individual Board member from further participation in proceedings related to the matters set forth herein.
- 10. As a condition to accepting my voluntary surrender of license in lieu of prosecution, I acknowledge that the Board shall require me to pay all costs expended by the Board for any legal fees and cost, any investigation, probation and monitoring fees, including but not limited to staff time, salary and travel expense, witness fees and attorney fees.

Dated this 3rl day of April	, 2024.	BROWN NOTARE
State of: 6A County of: Fu Hon		GEORGIA June 9, 2026
The foregoing instrument was acknowledged before me	Steven Wayne Powell, M.D.	OKEE COUNTY
My Commission Expires 6/4/80%	License No. 35353	
Subscribed and sworn before me this	3 day of Synil, 2024.	
		SWP_5~!

Notary Public
My commission expires:
My commission number:

ACCEPTED:

Steven Katsis, M.D., Board President OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Dated this 16th day of May, 2023.