

**UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT**  
**(“Undertaking”)**

**of**

**DR. MICHEL RONALD PRÉVOST**  
**(“Dr. Prévost”)**

**to**

**THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**  
**(the “College”)**

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**A. PREAMBLE**

(1) I, **Dr. Prévost**, certificate of registration number 68293, am a member of the College.

(2) I, **Dr. Prévost**, acknowledge and agree that the Inquiries, Complaints and Reports Committee referred allegations that I failed to maintain the standard of practice of the profession and was incompetent in my obstetrics and gynecology practice to the Discipline Committee in a Notice of Hearing dated October 16, 2013 (the “Notice of Hearing”). My practice also includes hair transplants and non-surgical medical aesthetics; these aspects of my practice were not the subject of the College’s investigation or the allegations in the Notice of Hearing.

(3) I, **Dr. Prévost**, admit the facts set out in the Agreed Statement of Facts and therefore the allegations in the Notice of Hearing.

**B. UNDERTAKING**

(4) I, **Dr. Prévost**, hereby resign from the College effective February 2, 2015 (the “Effective Date”).

(5) I, **Dr. Prévost**, undertake not to apply or re-apply for registration as a physician to practice medicine in Ontario after the Effective Date.

(6) I, **Dr. Prévost**, undertake that within 2 days of the Effective Date of this Undertaking, I shall forward a request to the General Manager of the Ontario Health Insurance Plan (“OHIP”) that my billing number be deactivated for services rendered after the Effective Date of this Undertaking, and to provide proof of same to the College within 15 days.

(7) I, **Dr. Prévost**, confirm that I have not practiced obstetrics or gynecology in Ontario since February, 2014.

(8) I, **Dr. Prévost**, undertake never to practice obstetrics or gynecology in any jurisdiction after the Effective Date.

(9) I, **Dr. Prévost**, agree that in the event that the College should become aware that I am in breach of this Undertaking including, but not limited to, becoming aware that I have either applied, re-applied or attempted to apply or re-apply for registration as a physician or for a certificate of registration, or equivalent, to practice medicine in Ontario after the Effective Date, or that I have practiced obstetrics or gynecology in any jurisdiction after the Effective Date, the College shall, in its sole discretion, have the right to proceed with a disciplinary proceeding on the basis of a breach of this Undertaking.

(10) I, **Dr. Prévost**, undertake to the College to abide by the terms of the College's Policy on Practice Management Considerations for Physicians Who Cease to Practise, Take an Extended Leave of Absence or Close Their Practice Due to Relocation, a copy of which is attached hereto as **Appendix A**.

### **C. ACKNOWLEDGEMENT**

(11) I, **Dr. Prévost**, acknowledge that I shall be solely responsible for payment of all fees, costs, charges, expenses, etc., if any, arising from the implementation of any of the terms of this Undertaking.

(12) I, **Dr. Prévost**, acknowledge and confirm that I have read and understand the terms and conditions provided in this Undertaking and that I have obtained independent legal counsel in reviewing and executing this Undertaking, or have waived my right to do so.

### **D. CONSENT**

(13) I, **Dr. Prévost**, give my irrevocable consent to the College to make appropriate enquiries of OHIP and/or any person or institution who may have relevant information, in order for the College to monitor my compliance with the terms of this Undertaking.

(14) I, **Dr. Prévost**, give my irrevocable consent to the College to provide any person who requires information for the purposes of ensuring my compliance with this Undertaking with any information arising from the monitoring of my compliance with this Undertaking.

(15) I, **Dr. Prévost**, consent to this Undertaking being entered on the public register as information that is available to the public.