

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

**of**

**DR. HERMAN YIP-CHI NG**  
**(“Dr. Ng”)**

**to**

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

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**A. PREAMBLE**

(1) In this Undertaking:

“Discipline Committee” means the Discipline Committee of the College;

“OHIP” means the Ontario Health Insurance Plan.

(2) I, **Dr. Ng**, certificate of registration number **30288**, am a member of the College.

**B. UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT**

(3) I, **Dr. Ng**, hereby resign from the College effective February 22, 2016 (the “Effective Date”).

(4) I, **Dr. Ng**, hereby undertake not to apply or re-apply for registration as a physician to practise medicine in Ontario or any other jurisdiction after the Effective Date.

(5) I, **Dr. Ng**, 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 practise medicine 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 and shall have the right to proceed with the specified allegations set out in the Notice of Hearing.

(6) I, **Dr. Ng**, hereby agree to bear the risk of any prejudice that the passage of time might cause to my ability to make full answer and defence, and waive the right to seek any remedy on the basis of the passage of time, should the College proceed with any allegations that may arise as a result of a breach of this Undertaking and/or pursuant to section (6) above.

- (7) I, **Dr. Ng**, undertake to abide by 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".
- (8) I, **Dr. Ng**, undertake that upon signing this Undertaking, I shall forward a request to the General Manager of the OHIP that my billing number be deactivated for services rendered after the Effective Date.
- (9) I, **Dr. Ng**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (10) I, **Dr. Ng**, 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 provisions of this Undertaking.
- (11) I, **Dr. Ng**, acknowledge and confirm that I have read and understand the provisions of this Undertaking and that I have obtained independent legal counsel in reviewing and executing this Undertaking, or have waived my right to do so.
- (12) I, **Dr. Ng**, 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 provisions of this Undertaking.
- (13) I, **Dr. Ng**, consent to the provisions of this Undertaking being entered on the register as information that is available to the public.
- (14) I, **Dr. Ng**, acknowledge that the following summary will appear on the College's Register that is available to the public during the time period that this Undertaking remains in effect:

Dr. Ng resigned from the College and has agreed never to apply or reapply for registration as a physician in Ontario or any other jurisdiction.