

UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT
(“Undertaking”)

of

DR. SHERIDAN REAVELY-DIAZ
(“Dr. Reavely-Diaz”)

to

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

A. PREAMBLE

(1) In this Undertaking:

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

“OHIP” means the Ontario Health Insurance Plan;

“Public Register” means the College’s register that is available to the public.

- (2) I, **Dr. Reavely-Diaz**, certificate of registration number **62947**, am a member of the College.
- (3) I, **Dr. Reavely-Diaz**, acknowledge that the College referred allegations of professional misconduct and incompetence to the Discipline Committee in a Notice of Hearing dated October 17, 2019 and April 23, 2020 (the “Notice of Hearing”). The hearing is scheduled to proceed. Once these allegations have been determined by the Discipline Committee, the decision will be available to the public on the Public Register.

B. UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT

- (4) I, **Dr. Reavely-Diaz**, hereby resign from the College effective immediately (the “Effective Date”).
- (5) I, **Dr. Reavely-Diaz**, 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.
- (6) I, **Dr. Reavely-Diaz**, acknowledge that, other than in Ontario, I am not currently registered to practise medicine in any other jurisdiction, and I further acknowledge that I currently do not have any outstanding applications for registration to practice medicine in any jurisdiction. With respect to my previously held license to practice medicine in Louisiana State, I acknowledge that such license expired June 30, 2020.

With respect to my previously held license to practice medicine in Texas State, I acknowledge that I resigned such license effective October 7, 2020. I hereby undertake not to seek to renew or reinstate any license or registration to practice medicine in Texas, Louisiana or any other jurisdiction.

- (7) I, **Dr. Reavely-Diaz**, acknowledge 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.
- (8) I, **Dr. Reavely-Diaz**, 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 (7) above.
- (9) I, **Dr. Reavely-Diaz**, undertake to abide by the College's Policy on [Closing a Medical Practice](#).
- (10) I, **Dr. Reavely-Diaz**, 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.
- (11) I, **Dr. Reavely-Diaz**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (12) I, **Dr. Reavely-Diaz**, acknowledge and undertake 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.
- (13) I, **Dr. Reavely-Diaz**, 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.
- (14) I, **Dr. Reavely-Diaz**, give my irrevocable consent to the College to make appropriate enquiries of OHIP and/or any person who or institution that may have relevant information, in order for the College to monitor my compliance with the provisions of this Undertaking.
- (15) I, **Dr. Reavely-Diaz**, acknowledge that I have executed the OHIP consent form, attached hereto as Appendix "A" and that the consent forms part of this Undertaking.

(16) *Public Register*

- (a) I, **Dr. Reavely-Diaz**, consent to this Undertaking being posted on the Public Register.
- (b) I, **Dr. Reavely-Diaz**, acknowledge that, in addition to this Undertaking being posted in accordance with section (16)(a) above, the following summary shall be posted on the Public Register during the time period that this Undertaking remains in effect:

Dr. Reavely-Diaz was referred to the Discipline Committee on allegations of professional misconduct and incompetence. In the face of these allegations, Dr. Reavely-Diaz resigned from the College and has agreed never to apply or reapply for registration as a physician in Ontario or any other jurisdiction. Once the allegations have been determined by the Discipline Committee, the decision will be available to the public on the Public Register.

APPENDIX “A”

**TO THE UNDERTAKING OF DR. REAVELY-DIAZ
 (“Dr. Reavely-Diaz”)**

to

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

**CONSENT AND DIRECTION
 FOR THE RELEASE OF INFORMATION FROM THE
 ONTARIO HEALTH INSURANCE PLAN**



THE
COLLEGE
OF
PHYSICIANS
AND
SURGEONS
OF
ONTARIO

**CONSENT AND DIRECTION
FOR THE RELEASE OF INFORMATION FROM THE
ONTARIO HEALTH INSURANCE PLAN**

I consent to the release of billing information by the Ontario Health Insurance Plan
to the COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO for:

1. Name of Physician: **DR. SHERIDAN REAVELY-DIAZ**
2. OHIP billing number: _____
3. CPSO #: **62947**
4. Dates or Time Period: **2020 onward**

Dated at _____, this _____ day of _____, 2020

DR. SHERIDAN REAVELY-DIAZ

Witness (*print name*)

Witness (*Signature*)