

**UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT  
("Undertaking")**

**of**

**DR. PETER WILSON DION  
("Dr. Dion")**

**to**

**COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO  
(the "College")**

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**A. PREAMBLE**

- (1) I, **Dr. Dion**, certificate of registration number **50440**, am a member of the College.
- (2) I, **Dr. Dion**, acknowledge that I was the subject of an investigation by the College regarding whether I have maintained the standard of practice of the profession (the "Investigation").
- (3) I, **Dr. Dion**, acknowledge that there has been no referral to the Discipline Committee of the College in respect of the Investigation.

**B. UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT**

- (4) I, **Dr. Dion**, hereby resign from the College effective May 29, 2015 (the "Effective Date").
- (5) I, **Dr. Dion**, 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. Dion**, 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 Investigation it terminated as a result of this Undertaking and/or to proceed with a referral of specified allegations to the Discipline Committee.

- (7) I, **Dr. Dion**, 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.
- (8) I, **Dr. Dion**, 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".
- (9) I, **Dr. Dion**, undertake that upon signing 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.
- (10) I, **Dr. Dion**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (11) I, **Dr. Dion**, 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. Dion**, 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. Dion**, consent to this Undertaking being entered on the public register as information that is available to the public.
- (14) I, **Dr. Dion**, 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. Dion was the subject of a College investigation into allegations that he failed to maintain the standard of practice of the profession. While the investigation was ongoing, Dr. Dion retired from practice and voluntarily resigned from the College and has agreed never to apply or reapply for registration as a physician in Ontario or any other jurisdiction.