

UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT
(“Undertaking”)

of

DR. FE NAVAL QUIRANTE-FLORA
(“Dr. Quirante-Flora”)

to

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

A. PREAMBLE

(1) In this Undertaking:

“OHIP” means the Ontario Health Insurance Plan;

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

“QAC” means the Quality Assurance Committee of the College.

(2) I, **Dr. Quirante-Flora**, certificate of registration number **54478**, am a member of the College. I acknowledge that concerns have been identified with respect to my knowledge, skill, and judgment. I am aware of the College’s concern about protecting the public.

B. UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT

(3) I, **Dr. Quirante-Flora**, hereby resign from the College effective August 31, 2021 (the “Effective Date”).

(4) I, **Dr. Quirante-Flora**, 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. Quirante-Flora**, acknowledge and provide consent 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 Assessment it terminated as a result of this Undertaking.

- (6) I, **Dr. Quirante-Flora**, undertake to abide by the College's Policy on [Closing a Medical Practice](#).
- (7) I, **Dr. Quirante-Flora**, undertake to the College 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. I acknowledge that I have executed the OHIP consent form, attached hereto as Appendix "A" and that the consent forms part of this Undertaking.
- (8) I, **Dr. Quirante-Flora**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (9) I, **Dr. Quirante-Flora**, 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.
- (10) I, **Dr. Quirante-Flora**, acknowledge 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.
- (11) ***Public Register***
- (a) I, **Dr. Quirante-Flora**, consent to this Undertaking being posted on the Public Register.
- (b) I, **Dr. Quirante-Flora**, acknowledge that, in addition to this Undertaking being posted in accordance with section (11)(a) above, the following summary shall be posted on the Public Register during the time period that this Undertaking remains in effect:
- Concerns have been identified with respect to Dr. Quirante-Flora's knowledge, skill, and judgment. As a result, Dr. Quirante-Flora has resigned from the College effective August 31, 2021 and has agreed never to apply or reapply for registration as a physician in Ontario or any other jurisdiction after that date.
- (12) I, **Dr. Quirante-Flora**, 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.