

UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT
(“Undertaking”)

of

DR. JOHN LEONARD REMUS
(“Dr. Remus”)

to

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

PREAMBLE

In this Undertaking:

“Code” means the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended;

“ICR Committee” means the Inquiries, Complaints and Reports Committee of the College;

“NMS” means the Drug Program Services Branch, the Narcotics Monitoring System implemented under the *Narcotics Safety and Awareness Act, 2010*;

“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.

I, **Dr. Remus**, certificate of registration number **21061**, am a member of the College.

I, **Dr. Remus**, acknowledge that the College conducted investigations bearing File Numbers 1109095, 1105259, 1108818 (the “Investigations”) into whether I engaged in professional misconduct and/or am incompetent.

I, **Dr. Remus** acknowledge that I signed Undertakings with the College on October 8, 2019, February 26, 2019 and October 29, 2004 (the “2019 and 2004 Undertakings”) and agree that this Undertaking replaces the 2019 and 2004 Undertakings.

I, **Dr. Remus**, acknowledge that there has been no referral to the Discipline Committee in respect of the Investigations and that no finding of professional misconduct and/or incompetence has been made against me on the allegations being investigated. I acknowledge that after the College receives an original copy of this Undertaking as signed by me, no further action will be taken on the Investigations.

UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT

I, **Dr. Remus**, undertake to abide by the provisions of this Undertaking, effective upon the date this Undertaking is approved by the ICR Committee.

I, **Dr. Remus**, hereby resign from the College effective July 1, 2020.

I, **Dr. Remus**, hereby undertake not to apply or re-apply for registration as a physician to practise medicine in Ontario or any other jurisdiction after July 1, 2020.

I, **Dr. Remus**, 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 July 1, 2020, 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.

I, **Dr. Remus**, 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 0 above.

I, **Dr. Remus**, undertake to abide by the College's Policy on [Closing a Medical Practice](#).

I, **Dr. Remus**, undertake that upon signing this Undertaking, I shall forward a request to the General Manager of OHIP that my billing number be deactivated for services rendered after the Effective Date.

I, **Dr. Remus**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.

I, **Dr. Remus**, 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.

I, **Dr. Remus**, 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.

I, **Dr. Remus**, give my irrevocable consent to the College to make appropriate enquiries of OHIP, NMS 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.

I, **Dr. Remus**, acknowledge that I have executed the OHIP and NMS consent forms, attached hereto as Appendix "A" and Appendix "B" and that the consent forms part of this Undertaking.

Public Register

- (a) I, **Dr. Remus**, consent to this Undertaking being posted on the Public Register.
- (b) I, **Dr. Remus**, acknowledge that, in addition to this Undertaking being posted in accordance with section 0(a) above, the following summary shall be posted on the Public Register during the time period that this Undertaking remains in effect:

College investigations were conducted into whether Dr. Remus engaged in professional misconduct or is incompetent. In the face of the investigations, Dr. Remus resigned from the College effective July 1, 2020 and has agreed never to apply or reapply for registration as a physician in Ontario or any other jurisdiction.