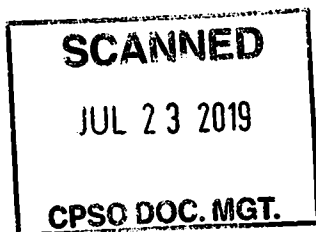


**UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT
("Undertaking")**



of

**MR. JAMES MARTINEZ
("Mr. Martinez")**

to

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

A. PREAMBLE

- (1) I, **Mr. Martinez**, acknowledge that the College initiated an investigation into whether I am operating in contravention of the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended (*RHPA*) and the *Medicine Act, 1991*, S.O. 1991, c. 30 (*Medicine Act*).
- (2) I, **Mr. Martinez**, acknowledge that I am not a member of the College or of any other regulated health profession under the *RHPA*.
- (3) I, **Mr. Martinez**, acknowledge that I used or allowed the terms "physician," "doctor," a variation, and/or an abbreviation, to be used in describing me on various websites and in the course of providing or offering to provide health care to individuals located in Canada. The College has provided me with a copy of the relevant provisions of the *Medicine Act* and, in particular, sections 9 and 11 of the *Medicine Act*, as well as the *RHPA*, and in particular section 33 of the *RHPA*. The College has advised me that I am acting in contravention of the *Medicine Act* and the *RHPA* and further advised me that violating certain provisions of the *Medicine Act* or the *RHPA* is an offence at law.
- (4) I, **Mr. Martinez**, further acknowledge that I am not authorized to perform any controlled acts as set out in section 27 of the *RHPA*.

B. UNDERTAKING

- (5) I, **Mr. Martinez**, undertake to abide by the provisions of this Undertaking, effective immediately.

(6) **Restrictions**

- (a) I, **Mr. Martinez**, undertake that I will not meet with individuals in Ontario, either in person or via telemedicine, for the purposes of communicating a diagnosis identifying a disease or disorder as the cause of a person's symptoms.
- (b) I, **Mr. Martinez**, undertake that I will not perform any controlled act, unless I have been delegated the authority to perform these acts by someone who has the required authority to perform these acts.
- (c) I, **Mr. Martinez**, undertake that I will permanently refrain from using the title "doctor" and/or "physician" and/or any variation or abbreviation thereof, including MD, in the course of providing health care services to any individual located in Canada, and further undertake not to hold myself out as a physician or person qualified to practise in a specialty of medicine.
- (d) I, **Mr. Martinez**, undertake that I will permanently refrain from using the title "doctor" and/or "physician" and any abbreviation thereof, including removing any and all references to the title "Dr" or "MD" from my advertisements displayed in Canada, including signage, brochures, business cards and website(s) or other electronic media either by direct or indirect control.

C. ACKNOWLEDGEMENT

- (7) I, **Mr. Martinez**, acknowledge that I shall be solely responsible for payment of all fees, costs, charges, expenses, etc. arising from the implementation of any of the provisions of this Undertaking.
- (8) I, **Mr. Martinez**, 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.
- (9) I, **Mr. Martinez**, acknowledge that the College may provide this Undertaking and/or any other relevant information to an individual(s) who appears to be in control of the premises in which I have provided or am providing services.
- (10) I, **Mr. Martinez**, acknowledge that this Undertaking may be posted on the College's website: <http://www.cpsso.on.ca/> under Unregistered Practitioners as notification to the public that I am not a registered member of the College.

(11) I, Mr. Martinez, acknowledge that a breach by me of any provision of this Undertaking may result in the College taking legal action against me, including commencing an application in court for injunctive relief.

Dated at TORONTO, this 15 day of November, 2018



JAMES MARTINEZ

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Witness (Print Name)



Witness (Signature)