

IN THE MATTER OF
ALI KOOSHKABADI, MD

Respondent

LICENSE NUMBER: D85021

* BEFORE THE
* MARYLAND BOARD
* OF PHYSICIANS
* CASE NUMBER: 2222-0145

* * * * *

CONSENT AGREEMENT

THIS AGREEMENT is made between Disciplinary Panel A of the Maryland State Board of Physicians (the "Board") and Ali Kooshkabadi, MD (the "Respondent"):

WHEREAS, the Respondent is a physician licensed to practice medicine in the State of Maryland, initially licensed on or about March 22, 2018;

WHEREAS, the Maryland Board received information that, on or about April 26, 2022, the Ohio State Medical Board (the "Ohio Board") summarily suspended the Respondent's license, based upon concerns that the Respondent's continued practice presents a danger of immediate and serious harm to the public;

NOW, THEREFORE, the Respondent agrees that his license to practice as a physician in the State of Maryland is hereby SUSPENDED until such time as the Respondent's license is restored/reinstated by the Ohio Board; and

The Respondent further agrees that this Agreement is a public document. See Health Occ. §§1-607, 14-411.1(b)(2) and Gen. Prov. §4-333(b)(6).

6/3/22
Date

06/10/2022
Date

Signature On File

Ali Kooshkabadi, MD

Signature On File

Christine A. Farrelly
Executive Director

CONSENT

I, Ali Kooshkabadi, MD, acknowledge that I am aware of my right to consult with and be represented by counsel in considering this Consent Agreement. I have chosen to proceed without counsel and I acknowledge that the decision to proceed without counsel is freely and voluntarily made.

By this Consent, I agree to be bound by this Consent Agreement and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* I waive this right and have elected to sign this Consent Agreement instead.

I acknowledge the validity and enforceability of this Consent Agreement as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Agreement.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Agreement as a resolution of the charges. I waive all rights to appeal this Consent Agreement.

I sign this Consent Agreement, without reservation, and fully understand the language and meaning of its terms.

Signature On File

Date 6/3/22

Ali Kooshkabadi, MD
Respondent

NOTARY

STATE OF OHIO

CITY/COUNTY OF Mahoning, Boardman

I HEREBY CERTIFY that on this 3rd day of June, 2022, before me, a
Notary Public of the State and City/County aforesaid, personally Ali Kooshkabadi, MD, and

made oath in due form of law that the foregoing Consent Agreement was his voluntary act and deed.

AS WITNESS my hand and notarial seal.



Notary Public

My Commission expires: 10/18/26



ANDREW FUSCO
Notary Public, State of Ohio
My Commission Expires
10/18/2026