



**SOUTH DAKOTA BOARD OF MEDICAL
AND OSTEOPATHIC EXAMINERS**

**125 S. Main Avenue
Sioux Falls, SD 57104**

<http://medicine.sd.gov> SDBMOE@state.sd.us

**VOLUNTARY AGREEMENT
TO
TEMPORARILY REFRAIN FROM MEDICAL PRACTICE**

Teralynn Sue Clark, MD
License Number #4316

I voluntarily agree to temporarily refrain from the practice of medicine in South Dakota. I also agree to refrain from prescribing medications or drugs of any type at any time to anyone including but not limited to former patients, myself, or members of my family, and I will not accept or sign for sample medications or drugs of any kind.

I understand that this agreement is a voluntary, non-disciplinary action and is effective from this date until I meet in person with the Board representatives to further evaluate my medical license and make other arrangements.

(Please Use Blue Ink for Signatures and Dates)

Dated this 18 day of April, 2008

Teralynn S Clark MD
(Signature) Teralynn Sue Clark, MD

Joan m. Hawkins
(Signature) Witness name

Print Name of Witness: Joan m. Hawkins

Dated this 18 day of April, 2008