

**BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD**

**STATE OF GEORGIA**

**GEORGIA COMPOSITE  
MEDICAL BOARD**

**IN THE MATTER OF:**

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**MAY 25 2017**

**ARLON HARM JAHNKE, M.D.  
License No. 037839,  
Respondent.**

**DOCKET NUMBER:  
20170014**

**VOLUNTARY SURRENDER**

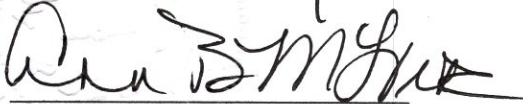
I, ARLON HARM JAHNKE, holder of License No. 037839 to practice medicine in the State of Georgia pursuant to O.C.G.A. Ch. 34, T. 43, as amended, hereby freely, knowingly and voluntarily surrender said license to the Georgia Composite Medical Board. I hereby acknowledge that this surrender shall be considered to be and have the same effect as a revocation of my license, and I knowingly forfeit and relinquish all right, title and privilege of practicing medicine in the State of Georgia, unless and until such time as my license may be reinstated, in the sole discretion of the Board.

I acknowledge that I have read and understand the contents of this Voluntary Surrender. I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly and voluntarily waive such right. I also understand that should the Board entertain any request for reinstatement, the Board shall have access to any investigative or medical information regarding me. I further understand that upon applying for reinstatement, it shall be incumbent upon me to demonstrate to the satisfaction of the Board that I am able to practice medicine with reasonable skill and safety to patients, and that the Board may investigate my conduct since the time of the surrender of my license. I understand and agree that any reinstatement of my license to practice medicine is a matter in the sole discretion of the Board and that the Board may deny any such reinstatement without identifying a reason for said denial. I understand that I cannot apply for reinstatement for two years from the date of the surrender of my license under the rules of the Board.

This surrender shall become effective upon acceptance and docketing by the Board. I understand that this document will be considered to be a public record evidencing disciplinary

action, and that this action shall be considered to be and may be disseminated as a final order of the Board.

[As to Respondent's signature:]  
Sworn to and subscribed before me  
This 18 day of May, 2017.



NOTARY PUBLIC  
My commission expires: 2/4/18

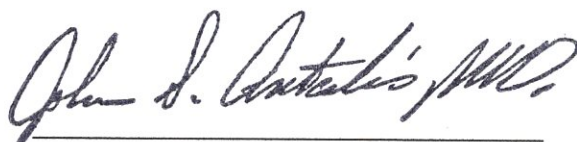
  
ARLON HARM JANNKE, (M.D.)  
Respondent


**ACCEPTANCE OF SURRENDER**

The voluntary surrender of License No. 037839 is hereby accepted by the Georgia Composite Medical Board, this 25<sup>th</sup> day of MAY, 2017.

**GEORGIA COMPOSITE MEDICAL BOARD**



BY:   
JOHN ANTALIS, M.D.  
Chairperson

ATTEST:   
ROBERT JEFFERY  
Executive Director