I. Call to Order .............................................................................................................. 2
   A. Introduction of New Board Member.................................................................................. 2
   B. Alterations to Agenda ........................................................................................................ 2
   C. Scheduled Agenda Items ................................................................................................... 2

II. Licensing
   A. Applications for Individual Consideration
      1. Initial Applications
         a. Darlyn Victor, MD ................................................................. 2
         b. Ralph Tullo, MD ................................................................. 2
         c. Steven Zweig, MD ............................................................... 2
         d. Zakia Bell, MD ................................................................. 3
         e. Suzanna Dotson, MD ......................................................... 3
      2. Reinstatement Applications (none)
      3. Renewal Applications
         a. Noreen Sholl, MD ................................................................. 3
         b. Linda Glass, M.D. .............................................................. 3
      4. Requests to Convert to Active Status (none)
      5. Requests to Withdraw License/License Application
         a. Lisa Escalante, PA ............................................................ 3
      6. Requests for Supervisory Relationships (none)
   B. Other Items for Discussion
      1. Citations .................................................................................................................... 3
      2. Administrative Licenses ............................................................................................... 4
      3. Review of License Application Questions ..................................................................... 4
      4. 2018 Annual Report ....................................................................................................... 4
   C. Citations and Administrative Fines ................................................................................. 4
      1. LM Registration .......................................................................................................... 4

III. Consent Agreements/Resolution Documents for Review
   1. Cathleen G. London, M.D. .......................................................................................... 4

IV. Complaints
   1. CR18-221 .................................................................................................................. 4-5
   2. CR17-236 .................................................................................................................. 5
   3. CR18-164 .................................................................................................................. 5
   4. CR18-219 .................................................................................................................. 5
   5. CR18-220 .................................................................................................................. 5-6
   6. CR18-177 .................................................................................................................. 6
   7. CR18-188 .................................................................................................................. 6
   8. CR18-222 .................................................................................................................. 6
   9. CR18-201 .................................................................................................................. 6
10. CR18-184 .................................................................7
11. CR18-185 .................................................................7
12. CR18-215 .................................................................7
13. CR18-224 .................................................................7
14. CR18-234 .................................................................7
15. CR18-79 .................................................................7-8
16. CR18-136 .................................................................8
17. CR18-149 .................................................................8
18. CR18-208 .................................................................8
19. CR18-223 .................................................................8-9
20. CR18-232 .................................................................9
21. CR18-236 .................................................................9
22. CR18-241 .................................................................9
23. CR18-251 .................................................................9-10
24. Intentionally left blank
25. Intentionally left blank
26. Intentionally left blank

V. Assessment and Direction
27. AD18-255 .................................................................10
28. AD18-246 .................................................................10
29. AD18-266 .................................................................10
30. AD18-269 .................................................................10
31. Intentionally left blank
32. Intentionally left blank
33. Intentionally left blank
34. Pending Adjudicatory Hearings and Informal Conferences report.................................10
35. Consumer Assistance Specialist Feedback ........................................................................11
36. Other Items for Discussion (none)

VI. Informal Conference (none)

VII. Minutes of December 11, 2018 ..........................................................................................11

VIII. Board Orders and Consent Agreement Monitoring
A. Board Orders (none)
B. Monitoring Reports
   1. Ronald Oldfield, P.A.................................................11
   2. Mark Cieniawski, M.D ...........................................11
   4. Karyn Tocci, M.D .................................................11
   5. Intentionally left blank
   6. Intentionally left blank

IX. Adjudicatory Hearing
A. CR17-139 Paul M. Willette, M.D. ................................11-12

X. Remarks of Chair
A. Chaperones ..........................................................12

XI. Remarks of Executive Director ..........................................................12

XII. Assistant Executive Director’s Monthly Report ..........................................................12
A. Maine Quality Counts Quarterly Report .................................................................13
B. Maine Quality Counts Merger Announcement .......................................................13
C. Complaint Status Report ....................................................................................13
D. Licensing Feedback (none)

XIII. Medical Director’s Report (none)
XIV. Remarks of Assistant Attorney General (none)
XV. Rulemaking (none)
XVI. Policy Review (none)
XVII. Requests for Guidance (none)

XVIII. Standing Committee Reports
A. Licensure and CME Committee
   1. Licensing Status Report ...................................................................................13

XIX. Board Correspondence (none)
XX. FSMB Material (none)
XXI. FYI ..................................................................................................................13
XXII. Other Business (none)
XXIII. Adjournment .................................................................................................14
State of Maine
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
Augusta, Maine 04333-0137
Minutes of January 8, 2019

Board Members Present
Maroulla S. Gleaton, M.D., Chair
Louisa Barnhart, M.D., Secretary
Susan Dench
Timothy R. Fox, M.D.
Christopher R. Ross, P.A.-C
Michael P. Sullivan, M.D.
Brad E. Waddell, M.D.
Lynne M. Weinstein
Miriam Wetzel, Ph.D.

Dr. Sacchetti was absent. Dr. Sullivan arrived at 8:55 a.m. and Dr. Waddell was excused at 1:00 p.m.

Board Staff Present
Dennis E. Smith, Executive Director
Timothy E. Terranova, Assistant Executive Director
Savannah Okoronkwo, Consumer Assistance Specialist
Nikolette P. Alexander, Investigative Secretary
Maureen S. Lathrop, Administrative Assistant
Tracy Morrison, Licensing Specialist
Elena I. Crowley, Licensing Specialist

Attorney General’s Office Staff Present
Michael Miller, Assistant Attorney General

The Board met in public session except during the times listed below which were held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (e.g., 1 M.R.S. § 405; 10 M.R.S. § 8003-B; 22 M.R.S. § 1711-C; 24 M.R.S. § 2510; 32 M.R.S. § 3282-A). The Board moved, seconded, and voted the following executive session times. During the public session of the meeting, actions were taken on all matters discussed during executive session.

EXECUTIVE SESSIONS

12:31 p.m. – 12:54 p.m.

Pursuant to 1 M.R.S. § 405(6)(F) to discuss confidential information

RECESSES

10:37 a.m. – 10:48 a.m.
Recess

12:08 p.m. – 12:31 p.m.
Working lunch

12:55 p.m. – 1:09 p.m.
Recess

2:39 p.m. – 2:50 p.m.
Recess

4:24 p.m. – 4:30 p.m.
Recess
I. Call to Order

Dr. Gleaton called the meeting to order at 8:40 a.m.

A. Introduction of New Board Member

Mr. Smith introduced the Board’s new physician member, Timothy R. Fox, M.D.

B. Amendments to Agenda

Mr. Ross moved to amend Dr. Linda Glass’ renewal application onto the agenda. Dr. Waddell seconded the motion, which passed unanimously.

C. Scheduled Agenda Items

1. 1:00 p.m. Adjudicatory Hearing Paul M. Willette, M.D. – preliminary denial of license renewal application (CR17-139)

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications

   a. Darlyn Victor, M.D.

      Ms. Weinstein moved to issue a citation and administrative fine and to issue Dr. Victor’s license upon payment of the fine. Mr. Ross seconded the motion, which passed unanimously.

   b. Ralph Tullo, M.D.

      Dr. Waddell moved to approve Dr. Tullo’s license application. Mr. Ross seconded the motion, which passed unanimously.

      Mr. Ross moved to delegate staff the authority to accept the Fifth Pathway as an alternative to meet licensure requirements. Dr. Waddell seconded the motion, which passed unanimously.

   c. Steven Zweig, M.D.

      Dr. Waddell moved to approve Dr. Zweig’s license application. Ms. Dench seconded the motion, which passed unanimously.
d. Zakia Bell, M.D.

Ms. Dench moved to preliminarily deny Dr. Bell’s license application. Dr. Barnhart seconded the motion, which passed unanimously.

e. Suzanna Dotson, M.D.

Dr. Barnhart moved to issue a citation and administrative fine and to issue Dr. Dotson’s license upon payment of the fine. Ms. Dench seconded the motion, which passed unanimously.

2. Reinstatement Applications (none)

3. Renewal Applications

a. Noreen Sholl, M.D.

Dr. Waddell moved to table Dr. Sholls’ renewal application, request that she complete 3 hours of opioid prescribing CME, and submit a re-entry to practice plan with a proposed mentor unrelated to her within thirty days. Dr. Fox seconded the motion, which passed unanimously.

b. Linda Glass, M.D.

Dr. Waddell moved to approve Dr. Glass’ request for a waiver to renew her license with an outstanding complaint. Ms. Dench seconded the motion, which passed unanimously.

4. Requests to Convert to Active Status (none)

5. Requests to Withdraw License/License Application

a. Lisa Escalante, P.A.

Mr. Ross moved to approve Ms. Escalante’s request to withdraw her license application. Ms. Dench seconded the motion, which passed unanimously.

6. Requests for Supervisory Relationships (none)

B. Other Items for Discussion

1. Citations

Ms. Dench moved to approve the list of instances proposed by Board staff for which they have the authority to issue citations and administrative fines. Dr. Waddell seconded the motion, which passed unanimously.
2. Administrative Licenses

Dr. Barnhart moved to change the designation in the Board’s licensing database for Administrative Licenses from AL to MDA to make the transition between license statuses more efficient. Dr. Waddell seconded the motion, which passed unanimously.

3. Review of License Application Questions

Ms. Dench moved to approve the proposed changes to license application questions. Ms. Weinstein seconded the motion, which passed unanimously.

Dr. Sullivan moved to change the timeframe for the survey question from twelve to twenty-four months. Ms. Dench seconded the motion, which passed unanimously.

4. 2018 Annual Report

This material was provided for informational purposes. No Board action was required.

C. Citations and Administrative Fines

Ms. Weinstein moved to issue a citation and administrative fine in the instance presented by staff. Dr. Sullivan seconded the motion, which passed unanimously.

1. LM Registration

Dr. Sullivan moved to issue a citation and administrative fine to the physician assistant and primary supervising physician. Dr. Waddell seconded the motion, which passed 8-1.

III. Consent Agreements/Resolution Documents for Review

A. Cathleen G. London, M.D. [Appendix A]

Dr. Barnhart moved to approve the signed first amendment to consent agreement. Dr. Waddell seconded the motion, which passed unanimously.

IV. Complaints

1. CR18-221

Dr. Sullivan moved to dismiss the complaint. Dr. Waddell seconded the motion, which passed unanimously.

MOTION: The patient complains of inaccurate evaluation and diagnoses by the physician. The patient saw the physician only one time for injuries reportedly sustained from a fall at work. Following a review of the patient’s medical records, the physician submitted a report to workers’ compensation insurance attributing the patient’s complaints to medical
conditions unrelated to the fall. A detailed review of the complaint, response and medical records support the physician’s entitlement to render a clinical opinion based on the information present.

2. **CR17-236**

   Dr. Sullivan moved to table the matter until later in the meeting in order for additional information to be obtained. Dr. Wetzel seconded the matter, which passed 8-0-0-1. Dr. Waddell was recused from the matter and left the room.

   Following discussion of additional information, Dr. Sullivan moved to set the matter for an adjudicatory hearing and authorize AAG Miller to negotiate a consent agreement for one of the following options: 1) compliance with CPEP evaluation recommendations and a Board-approved proctor for all surgical procedures; 2) surrender of medical license; or 3) conversion to an administrative or emeritus status license. Mr. Ross seconded the motion, which passed unanimously. (Dr. Waddell was excused from the meeting at 1:00 p.m. and was not present at the time of this discussion and vote).

3. **CR18-164**

   Dr. Waddell moved to dismiss the complaint. Dr. Sullivan seconded the motion, which passed unanimously.

   **MOTION:** A patient complains that an orthopedic surgeon did not properly evaluate and manage her chronic hip pain. She also complains that he failed to properly diagnose a possible pelvic fracture. Review of the medical records shows that appropriate and reasonable care was provided.

4. **CR18-219**

   Dr. Waddell moved to dismiss the complaint. Ms. Dench seconded the motion, which passed unanimously.

   **MOTION:** A patient complains that her primary care physician did not facilitate an appropriate workup of her chronic hip pain. She also complains that the physician failed to acknowledge that she had sustained a pelvic fracture. Review of the medical records shows that appropriate and reasonable care was provided.

5. **CR18-220**

   Dr. Waddell moved to dismiss the complaint. Ms. Dench seconded the motion, which passed unanimously.

   **MOTION:** A patient complains that a neurosurgery spine surgeon failed to properly evaluate and manage her chronic back pain. She also complains that the physician failed to recognize
that she had sustained a possible pelvic fracture. Review of the medical records shows that appropriate and reasonable care was provided.

6. CR18-177

Dr. Wetzel moved to dismiss the complaint and to refer information to the Board of Dental Examiners. Ms. Dench seconded the motion, which passed unanimously.

**MOTION:** The patient alleges that the physician denied his request for antibiotics prior to treatment at a dental clinic. The patient also alleges that there is false information in his medical records, but this is information placed there before he was cared for by his present physicians. The physician and the patient’s primary care physician explained that national guidelines have not recommended prophylactic antibiotics for immunosuppressed patients since 2015-2016.

7. CR18-188

Dr. Barnhart moved to set the matter for an adjudicatory hearing and authorize AAG Miller to negotiate a consent agreement to include: 1) a reprimand; 2) a provision against prescribing to himself, family, or household members; 3) a civil penalty of $1,000; and 4) attend a Board-approved ethics/boundaries course within 6 months. Ms. Weinstein seconded the motion, which passed 8-1.

8. CR18-222

Dr. Wetzel moved to dismiss the complaint. Dr. Waddell seconded the motion, which passed unanimously.

**MOTION:** As a mandated reporter, the primary care physician made a report to DHHS of suspicious bruises on the child. The mother complained that the physician overstepped her bounds. The care was appropriate.

9. CR18-201

Mr. Ross moved to dismiss the complaint. Ms. Dench seconded the motion, which passed unanimously.

**MOTION:** The patient complains that the physician acted unprofessionally and failed to appropriately diagnose her. The physician responded that she acted professionally and treated the patient for what she originally thought the issue was, and when it did not improve sent the patient to a specialist and tried other treatments. The physician documented the difficult interaction between herself and the patient’s partner. Review of the records reveals that the patient received reasonable care.
10. CR18-184 Daniel Bobker, M.D. [Appendix B]

Ms. Dench moved to approve the signed consent agreement. Mr. Ross seconded the motion, which passed unanimously.

11. CR18-185

Dr. Barnhart moved to investigate further. Dr. Waddell seconded the motion, which passed unanimously.

12. CR18-215

Dr. Waddell moved to investigate further. Ms. Weinstein seconded the motion, which passed unanimously.

13. CR18-224

Dr. Barnhart moved to investigate further. Dr. Sullivan seconded the motion, which passed unanimously.

14. CR18-234

Dr. Barnhart moved to dismiss the complaint. Dr. Sullivan seconded the motion, which passed unanimously.

**MOTION:** A patient reported intermittent neurological symptoms including an inability to move and control her body as well as tunnel vision when establishing with this doctor as a new physician. The patient said she reacted negatively to his style right away. The physician reported the patient’s symptoms to the Bureau of Motor Vehicles (BMV), as he is mandated to do, and her license to drive was suspended. The patient tried to see various providers in the practice to get the BMV decision reversed, but communication was delayed and hampered by no phone availability. Two providers she saw in the practice agreed with the initial provider.

Records were reviewed. There was considerable variation in the complaint from evaluation to evaluation. The specialists do not agree about the diagnosis. There was considerable delay in specialist referral. Multiple sources and individuals were involved in this delay. Administration got involved and suggested referral outside the practice. This physician did an acceptable job of following up and expediting the specialist evaluations to meet a BMV court date despite the patient’s intent to transfer to another provider. This case does not rise to the level of discipline.

15. CR18-79 Gary R. Hatfield, M.D.

Dr. Sullivan moved to dismiss the complaint with a letter of guidance. Ms. Dench seconded the motion, which passed 6-0-0-2. Dr. Barnhart and Dr. Gleaton were recused from the matter and left the room.
MOTION: In this case, the Board issued a complaint following the physician’s prescribing of metformin to a diabetic patient with significant renal impairment who subsequently developed lactic acidosis. The physician acknowledged that he failed to check renal function in the patient notwithstanding that being a part of the plan of care, and identified changes in his practice to address this. He also explained the decision to prescribe metformin at a very high dose, and described the method utilized to adjust the estimated glomerular rate (eGFR) provided by the laboratory for the “significantly overweight” patient.

The letter of guidance will advise the physician that current practice standards indicate that although metformin may be prescribed safely in patients with chronic kidney disease, it should be prescribed judiciously with assessment of patient conditions that may contraindicate its use and with appropriate monitoring of the patient.

16. CR18-136

Mr. Ross moved to table the matter and request that the physician assistant attend a professional boundaries course approved by the Board Chair or Secretary within six months and provide a letter to the Board explaining what she learned and how it applies to the situation at hand. Ms. Dench seconded the motion, which passed unanimously.

At 3:52 p.m. Mr. Ross moved to amend the previous motion to request that the physician assistant provide detailed documentation regarding review of 5% of her charts by her primary supervising physician for the past two years as detailed in her plan of supervision. Dr. Sullivan seconded the motion, which passed unanimously.

17. CR18-149

Dr. Sullivan moved to set the matter for an adjudicatory hearing and authorize AAG Miller to offer a consent agreement to include a warning. Dr. Wetzel seconded the motion, which passed 8-1.

Upon reconsideration, at 3:53 p.m. Mr. Ross moved to investigate further rather than set the matter for an adjudicatory hearing and request that the physician assistant provide detailed documentation regarding review of 5% of his charts by his primary supervising physician for the past two years as detailed in his plan of supervision. Dr. Sullivan seconded the motion, which passed unanimously.

18. CR18-208

Ms. Weinstein moved to investigate further. Ms. Dench seconded the motion, which passed unanimously.

19. CR18-223

Mr. Ross moved to dismiss the complaint. Dr. Sullivan seconded the motion, which passed unanimously.
MOTION: The patient complains that the physician acted unprofessionally and dismissed the patient’s concerns. The physician responded that the purpose of the visit was to determine if there was a surgical intervention indicated, and it was determined that there was not. The patient was clearly upset by this and the physician wanted to make sure that there was a good support team in place to care for her, including her primary care provider. Review of the records reveals that the patient received reasonable care.

20. CR18-232

Dr. Sullivan moved to investigate further. Ms. Dench seconded the motion, which passed unanimously.

21. CR18-236

Dr. Gleaton moved to dismiss the complaint. Dr. Sullivan seconded the motion, which passed unanimously.

MOTION: A patient complains his ophthalmologist permanently scratched his right eye during his cataract extraction procedure that included surgical astigmatism management. Despite his complaint, the patient allowed the left cataract surgery with astigmatism correction to proceed subsequently three weeks later. In an effort to improve vision even further, the physician performed a second limbal relaxing incision without charge on the right eye, and a YAG (yttrium aluminum garnet) laser for commonly occurring posterior capsular opacification in the left eye; both procedures improved vision. Review of the records reveals appropriate medical and surgical care with extra effort to help the patient have better vision. Since the patient expressed unhappiness with his postoperative vision, the physician exceeded expectations by reimbursing glasses and astigmatic surgical correction fees.

22. CR18-241

Ms. Weinstein moved to dismiss the complaint. Ms. Dench seconded the motion, which passed unanimously.

MOTION: A patient complains about the care she received from this physician. The patient is in the psychiatric ward of a nursing home and feels she should be able to choose her own provider and is insisting on brand name medications only. The physician is the attending physician for the facility and tries his best to see the patient and attempts to satisfy her requests. Appropriate care has been provided.

23. CR18-251

Ms. Weinstein moved to dismiss the complaint. Ms. Dench seconded the motion, which passed unanimously.

MOTION: A patient complains about the care he received from this physician after stump revision surgery two weeks prior to the office visit. The physician attempted to explain that
the patient should be seen by his surgeon to rule out complications and that she could not
refill prescriptions for the severe pain he complains of. She further explained that she did not
have surgical records or surgical expertise to properly address the persistent postoperative
pain. Additionally, the physician wanted to gather previous records from the patient’s
different doctors to be certain that she and the facility could treat the patient appropriately
with his prior medical and personal history and provide the care he requires. Review of the
records reveals appropriate and thoughtful care.

24. Intentionally left blank

25. Intentionally left blank

26. Intentionally left blank

V. Assessment and Direction

27. AD18-255

Dr. Sullivan moved to issue a complaint (CR19-10). Ms. Weinstein seconded the motion, which
passed 8-0-0-1. Dr. Barnhart was recused from the matter and left the room.

28. AD18-246

Dr. Barnhart moved to issue a complaint (CR19-11) and require that the physician undergo a §
3286 evaluation. Ms. Weinstein seconded the motion, which passed unanimously.

29. AD18-266

Mr. Ross moved to issue a complaint (CR19-12). Ms. Weinstein seconded the motion, which
passed unanimously.

30. AD18-269

Dr. Barnhart moved to close the matter and directed staff to audit the physician’s CME at next
renewal. Ms. Dench seconded the motion, which passed unanimously.

31. Intentionally left blank

32. Intentionally left blank

33. Intentionally left blank

34. Pending Adjudicatory Hearings and Informal Conferences Report

This material was provided for informational purposes. No Board action was required.
35. Consumer Assistance Specialist Feedback

This material was provided for informational purposes. No Board action was required.

36. Other Items for Discussion (none)

VI. Informal Conference (none)

VII. Minutes for Approval

Mr. Ross moved to approve the minutes of the December 11, 2018 meeting. Dr. Wetzel seconded the motion, which passed 8-0-1-0 with Dr. Fox abstaining.

VIII. Board Orders & Consent Agreement Monitoring

A. Board Orders (none)

B. Monitoring Reports

1. Ronald Oldfield, P.A.

   This material was provided for informational purposes. No Board action was required.

2. Mark Cieniawski, M.D.

   This material was provided for informational purposes. No Board action was required.

3. Cathleen G. London, M.D.

   This material was provided for informational purposes. No Board action was required.

4. Karyn Tocci, M.D.

   This material was provided for informational purposes. No Board action was required.

IX. Adjudicatory Hearing – Paul M. Willette, M.D. (CR17-139)

Rebekah J. Smith, Esq., Hearing Officer, convened the adjudicatory hearing at 1:15 p.m.

Dr. Waddell was recused from the matter and was excused from the meeting at 1:00 p.m.

Dr. Willette was not present and was not represented by counsel. AAG Miller represented the state.

After deliberation by the Board, the following motions were made:
Dr. Sullivan moved to find Dr. Willette in violation of 32 M.R.S. § 3282-A(2)(A). Ms. Weinstein seconded the motion, which passed unanimously.

Dr. Sullivan moved to find Dr. Willette in violation of 32 M.R.S. § 3282-A(2)(E)(1). Mr. Ross seconded the motion which passed unanimously.

Dr. Sullivan moved to find Dr. Willette in violation of 32 M.R.S. 3282-A(2)(E)(2). Dr. Fox seconded the motion, which passed unanimously.

Ms. Dench moved to find Dr. Willette in violation of 32 M.R.S. § 3282-A(2)(F). Ms. Weinstein seconded the motion, which passed unanimously.

Ms. Dench moved to find Dr. Willette in violation of 32 M.R.S. § 3282-A(2)(M). Dr. Sullivan seconded the motion, which passed unanimously.

Ms. Dench moved to uphold the preliminary denial of Dr. Willette’s license renewal application. Dr. Barnhart seconded the motion, which passed 7-1.

X. Remarks of Chair

A. Chaperones

Dr. Gleaton led a discussion regarding information reviewed by Board members regarding the use of chaperones.

XI. Remarks of Executive Director

Mr. Smith updated the Board on the status of efforts to hire a new Medical Director. He also provided statistics regarding the number of complaints reviewed, disciplinary actions taken, and changes to the complaint process during 2018.

XII. Assistant Executive Director’s Report

Mr. Terranova updated the Board on the status of rulemaking and personnel issues.

Mr. Terranova reported that the Federation of State Medical Boards (FSMB) is offering a scholarship for a voting delegate and an executive staff member to attend the annual meeting in April 25th – 27th in Texas. After discussion, Mr. Ross moved to send Dr. Gleaton as the voting delegate and Mr. Terranova as the executive staff member to the FSMB meeting. Ms. Dench seconded the motion, which passed unanimously.

Mr. Terranova reported that the International Association of Medical Regulatory Authorities (IAMRA) will be holding a Symposium on Continued Competency in Chicago September 9th and 10th. Mr. Terranova serves on the IAMRA Continued Competency Working Group. After discussion, Mr. Ross moved to approve Mr. Terranova’s attendance at the meeting. Dr. Sullivan seconded the motion, which passed unanimously.
A. Maine Quality Counts Quarterly Report

This material was provided for informational purposes. No Board action was required.

B. Maine Quality Counts Merger Announcement

This material was provided for informational purposes. No Board action was required.

C. Complaint Status Report

As of January 1, 2019, there are ninety-three complaints outstanding. Sixteen complaints were opened during the month of December and nineteen were closed.

D. Licensing Feedback (none)

XIII. Medical Director’s Report (none)

XIV. Remarks of Assistant Attorney General (none)

XV. Rulemaking (none)

XVI. Policy Review (none)

XVII. Requests for Guidance (none)

XVIII. Standing Committee Reports

A. Licensure and CME Committee

1. Licensing Status Report [Appendix C]

This material was presented for informational purposes. No Board action was required.

XIX. Board Correspondence (none)

XX. FSMB Material (none)

XXI. FYI

This material was presented for informational purposes. No Board action was required.

XXII. Other Business (none)
XXIII. Adjournment 5:02 p.m.

At 5:02 p.m. Mr. Ross moved to adjourn the meeting. Dr. Sullivan seconded the motion, which passed unanimously.

Respectfully submitted,

Maureen S. Lathrop
Administrative Assistant
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re: CATHLEEN G. LONDON, M.D.)
Complaint Nos. CR17-2, CR17-16,  
CR17-22, CR17-28, CR17-35,  
CR17-52, CR17-53, CR17-166,  
and CR17-238)

FIRST AMENDMENT TO CONSENT AGREEMENT

This document is a First Amendment to the Consent Agreement effective August 14, 2018, regarding disciplinary action imposed upon the license to practice medicine in the State of Maine held by Cathleen G. London, M.D ("First Amendment"). The parties to this First Amendment are: Cathleen G. London, M.D. ("Dr. London"), the State of Maine Board of Licensure in Medicine ("the Board"), and the Department of the Attorney General (the "Attorney General"). This First Amendment is entered into pursuant to 32 M.R.S. § 3282-A and 10 M.R.S. § 8003(5).

BACKGROUND

1. On August 14, 2018, the parties entered into a Consent Agreement upon the license to practice medicine in the State of Maine held by Dr. London ("the Consent Agreement"). The Consent Agreement imposes probation conditions, including engagement of a Physician Practice Monitor.

2. On December 11, 2018, the Board reviewed correspondence from Dr. London's legal counsel requesting a modification of the Consent Agreement, together with information from Board staff, and voted to offer
Dr. London this First Amendment to modify the conditions related to the Physician Practice Monitor. Absent acceptance of this First Amendment by Dr. London by signing it and dating it in front of a notary and returning it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before January 4, 2019, the terms of the Consent Agreement shall remain unchanged and the Board shall take such further action it deems necessary.

AMENDMENT

3. Dr. London, the Board, and the Department of the Attorney General hereby agree to amend the Consent Agreement effective August 14, 2018 by:

1) Amending paragraph 38(c)(5) to read as follows:

Dr. London shall engage the interdisciplinary team ("IDT") identified in the December 14, 2018 letter from Dr. London’s legal counsel to the Board’s Complaint Coordinator immediately upon the effective date of this First Amendment. The IDT shall monitor Dr. London’s compliance with prescribing and medical recordkeeping standards. The monitoring and medical record review contemplated by this subparagraph may NOT occur solely by telephone, and must include in person communication or HIPAA compliant shared portal access or interface. There must be in person communication quarterly between Dr. London and the family physician or psychiatrist member of the IDT. Each week,
the IDT shall review the following types of patient charts of Dr. London: one (1) randomly selected chart of a patient being prescribed medication assisted treatment for opioid misuse; and one (1) randomly selected chart of a patient prescribed controlled substances. Within two months or sooner dependent upon the level of concern, the IDT shall conduct a follow up review of any charts previously reviewed as recommended by the IDT or as requested by the Board. The IDT shall submit monthly written reports to the Board no later than the 28th day of each month which shall include the IDT written reviews created for Dr. London and any other identified issues of concern regarding medical decisionmaking or recordkeeping. Any change in the IDT members from that identified on December 14, 2018, shall be included in the first monthly report submitted to the Board following the IDT change. Dr. London understands that the IDT will act as an agent of the Board pursuant to 24 M.R.S. § 2511. Dr. London shall permit the IDT full access to her medical practice, including but not limited to all patient information. After six (6) months of monitoring, the family physician or psychiatrist member of the IDT may request to reduce the number of charts required to be reviewed by this subparagraph and/or the frequency of the reviews (e.g., bi-weekly or monthly). Upon receipt of such request, the Board shall review all information, and in its sole discretion, may
maintain, modify, or eliminate the requirements of this subparagraph for the remaining period of probation. After receipt by the Board of at least twelve (12) IDT monthly reports, either the IDT or Dr. London may request that the Board modify or eliminate the requirements of this subparagraph. Upon receipt of such request, the Board shall review all information, and in its sole discretion, may maintain, modify, or eliminate the requirements of this subparagraph for any remaining period of probation as determined.

4. Dr. London acknowledges by her signature hereto that all other terms and conditions of the Consent Agreement effective August 14, 2018 remain in full force and effect.

5. Dr. London acknowledges by her signature hereto that she has read this First Amendment, that she has had an opportunity to consult with legal counsel before executing this First Amendment, that she executed this First Amendment of her own free will and that she agrees to abide by all terms and conditions set forth herein.

6. Dr. London has been represented by Sandra L. Rothera, Esq., who has participated in the negotiation of the terms of this First Amendment.
I, CATHLEEN G. LONDON, M.D., HAVE READ AND UNDERSTAND THE FOREGOING FIRST AMENDMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS FIRST AMENDMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS FIRST AMENDMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS FIRST AMENDMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

Dated: 12/20/18

CATHLEEN G. LONDON, M.D.

STATE OF MAINE

To the best of my knowledge, Cathleen G. London, M.D., who after first being duly sworn, signed the foregoing First Amendment to Consent Agreement in my presence or affirmed that the signature above is her own.

ANDREW L. PRATT
NOTARY PUBLIC - MAINE
My Commission Expires August 7, 2025

Dated: December 21, 2018

SANDRA L. ROTHERA, ESQ.
Attorney for Cathleen G. London, M.D.
STATE OF MAINE BOARD OF LICENSURE IN MEDICINE

DATED: 1/8/19

MAROULLA S. GLEATON, M.D.,
Chairman

STATE OF MAINE DEPARTMENT OF THE ATTORNEY GENERAL

DATED: January 8, 2019

MICHAEL MILLER
Assistant Attorney General

Effective Date: January 8, 2019
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re: DANIEL BOBKER, M.D. COMPLAINT No. CR18-184

CONSENT AGREEMENT

This document is a Consent Agreement, effective when signed by all parties, regarding disciplinary action against the license to practice medicine in the State of Maine held by Daniel Bobker, M.D. The parties to the Consent Agreement are: Daniel Bobker, M.D. ("Dr. Bobker"), the State of Maine Board of Licensure in Medicine ("the Board"), and the State of Maine Department of the Attorney General. This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5)(B) and 32 M.R.S. § 3282-A.

STATEMENT OF FACTS

1. Dr. Bobker has held a license to practice medicine in the State of Maine since February 15, 1995 (license number MD13940), and specializes in neurology.

2. On June 13, 2007, Dr. Bobker's medical license was immediately suspended following a report that he had been "abusing benzodiazepines and sedatives", that his judgment and cognitive functioning was impaired, and that he had left treatment against medical advice. On January 23, 2008, Dr. Bobker entered into a Consent Agreement ("2008 Consent Agreement") with the Board for unprofessional conduct and substance abuse which imposed conditions, monitoring, and treatment requirements upon his license to practice medicine in Maine. In accordance with the 2008 Consent Agreement,
Dr. Bobker's license was immediately suspended on June 25, 2008 based on his non-compliance following a report that he had tested positive for a prohibited substance and his admission that the drug was not prescribed to him.

3. On January 27, 2010, Dr. Bobker entered into a Second Consent Agreement for unprofessional conduct and substance abuse ("2010 Consent Agreement") which imposed conditions, monitoring, and treatment requirements upon his license to practice medicine in Maine. The 2010 Consent Agreement was amended several times based upon positive reports regarding his compliance with the conditions of the 2010 Consent Agreement. On April 7, 2014, following review of information regarding compliance and letters in support, and the understanding that he would voluntarily continue his treatment and attendance at self-help meetings, the Board granted Dr. Bobker's request to terminate the 2010 Consent Agreement.

4. On August 14, 2018, the Board issued an Order of Immediate Suspension of Dr. Bobker's license pursuant to 5 M.R.S. § 10004(3) following receipt of a August 1, 2018 report from a pharmacist that: a) over several months, Dr. Bobker phoned in prescription orders for olanzapine 20 mg, a non-controlled medication, for a patient that the pharmacy assumed was under his direct care but which later was discovered to be his girlfriend; b) Dr. Bobker's girlfriend was not prescribed olanzapine by her health care providers; c) Dr. Bobker sought and obtained early refills of prescriptions for several other medications, and was prescribed a number of medications, all of which can
cause drowsiness, are sedating, and have the potential or have been reported to be misused or abused. On August 16, 2018, the Board issued a complaint, docketed the complaint as CR18-184, and sent it to Dr. Bobker for a response.

5. On September 10, 2018, the parties entered into an Interim Consent Agreement continuing the suspension of Dr. Bobker's license until the Board resolves CR18-184.

6. On September 18, 2018, Dr. Bobker underwent a neuropsychological evaluation as required by the Board. The evaluation resulted in recommendations for a sleep study and possible treatment.

7. By letter dated October 23, 2018, Dr. Bobker responded to the complaint. Dr. Bobker acknowledged that he phoned in prescriptions of olanzapine for his girlfriend who is now his spouse and that she had not been prescribed that drug by her own provider. Dr. Bobker admitted that he used some of the olanzapine prescribed to her. Dr. Bobker acknowledged that he did seek some early refills for some of his medications. Dr. Bobker stated that the medications did not cause him to be drowsy or sedated at any time when he was responsible for patient care.

8. On November 14, 2018, Dr. Bobker underwent a sleep study evaluation at Lahey Hospital and Medical Center as recommended in the September 18, 2018 neuropsychological evaluation report.

9. Pursuant to 32 M.R.S. § 3282-A(2)(A), the Board may impose discipline for fraud, deceit or misrepresentation in obtaining a license or in connection with service rendered within the scope of the license issued.
10. Pursuant to 32 M.R.S. § 3282-A(2)(B), the Board may impose discipline for misuse of alcohol, drugs or other substances that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients.

11. Pursuant to 32 M.R.S. § 3282-A(2)(F), the Board may impose discipline for unprofessional conduct if the licensee has engaged in conduct that violates a standard of professional behavior that has been established for the practice of medicine.

12. This Consent Agreement has been negotiated by legal counsel for Dr. Bobker and legal counsel for the Board in resolve this matter without proceeding to an adjudicatory hearing. Absent acceptance of this Consent Agreement by signing and dating it before a notary and returning it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137, the matter shall proceed to an adjudicatory hearing.

COVENANTS

13. Dr. Bobker admits the facts stated above and that such conduct constitutes grounds for discipline pursuant to 32 M.R.S. §§ 3282-A(2)(A), (2)(B), (2)(F).

14. As discipline for the foregoing conduct, Dr. Bobker agrees to accept, and the Board imposes:

a) A REPRIMAND for engaging in deceit or misrepresentation in connection with issuing prescriptions for olanzapine, for misuse of non-
controlled substances that may result in performing services in a manner that
endangers the health or safety of patients, and for unprofessional conduct.

b) Dr. Bobker shall not prescribe to self, family or household
members.

c) A LICENSE PROBATION for at least five (5) years subject to the
following terms and conditions:

1) Dr. Bobker shall maintain and comply with the September
26, 2018 Monitoring Agreement with the Maine Professionals Health Program
("MPHP") and has submitted a copy of the monitoring agreement to the Board,
the terms of which are fully incorporated herein as if fully set forth. Dr. Bobker
must submit to the Board any amendments or modifications to the MPHP
monitoring agreement within ten (10) days after the amendment or
modification. Dr. Bobker hereby authorizes MPHP to disclose and release to
the Board all information obtained by MPHP relating to his participation with
MPHP, which authorization shall remain in effect for any period during which
he has a license to practice medicine in the State of Maine. Dr. Bobker shall
execute any and all releases necessary for the Board, Board staff, and the
Board’s assigned Assistant Attorney General to: a) communicate directly with
the MPHP regarding his compliance with that program; b) review and obtain
copies of any and all documentation regarding his participation in the MPHP; c)
communicate directly with anyone who is involved with his care and treatment;
and d) review and obtain copies of any and all documentation regarding his
medical care and treatment for substance misuse issues.
2) Within forty-eight (48) hours of being informed that a confirmed toxicology test result has been reported as positive for alcohol or any drug not known to be prescribed to him, Dr. Bobker shall report such test result to the Board.

3) So long as this Consent Agreement remains in effect, Dr. Bobker agrees and understands that if any of the following reports or information are received by the Board, it shall result in the automatic and immediate suspension of his license to practice medicine in Maine, which suspension shall continue so long as determined by the Board, in its sole discretion, and is not appealable:

   a) Any confirmed positive toxicology result that is reported to the Board for alcohol or any drug not known to be prescribed to him;

   b) Any confirmed information that Dr. Bobker has prescribed any medication for himself, his family, or household members;

   c) Any confirmed information that Dr. Bobker has obtained any medication by fraud, deceit or misrepresentation; and

   d) Any confirmed information that Dr. Bobker is in substantial and material noncompliance with this Consent Agreement as determined by the Board in its sole discretion.

4) Dr. Bobker shall notify the Board within three (3) business days of any arrest, summons, information, or indictment for any crime, or any
civil violation that involves alcohol or drugs, including driving or operating under the influence, and any conviction or court finding related thereto.

5) Prior to engaging in the active practice of clinical medicine, Dr. Bobker shall submit for approval by the Board, Board Chair, or Board designee the name of a licensed psychiatrist who shall provide ongoing psychiatric care. Following approval, the treating psychiatrist shall submit monthly written reports to the Board no later than the 28th day of each month confirming that treatment was provided and identifying any issues or concerns that may impact Dr. Bobker's ability to competently and safely practice medicine. The reports shall include identification of all prescriptions issued to Dr. Bobker by the treating psychiatrist during the report period, and must contain pill counts and identify early refills of any prescribed medications. After an initial period of not less than two years, the treating psychiatrist may in his or her report request that the Board modify the reporting or ongoing treatment requirement. Upon receipt of such request, the Board may grant or deny the request in its sole discretion.

6) Prior to engaging in the active practice of clinical medicine, Dr. Bobker shall submit to the Board: a) a list of current health care providers; b) identify a single pharmacy at which he will receive his prescribed medications; and c) a list of all prescribed medications including the dosage, dosing instructions, and identifying the prescriber of the medication. Dr. Bobker shall submit any change in the information required by this
subparagraph in writing to the Board no later than seven (7) days after the change occurs.

7) Prior to engaging in the active practice of clinical medicine, Dr. Bobker shall submit for approval by the Board, Board Chair, or Board designee the name of a licensed psychologist or other qualified provider who shall provide ongoing cognitive behavioral therapy for insomnia. Following approval, the treating provider shall submit monthly written reports to the Board no later than the 28th day of each month confirming that treatment was provided and identifying any issues or concerns that may impact Dr. Bobker’s ability to competently and safely practice medicine. After an initial period of not less than two years, the treating provider may in his or her report request that the Board modify the reporting or ongoing treatment requirement. Upon receipt of such request, the Board may grant or deny the request in its sole discretion.

8) Dr. Bobker shall undergo a neuropsychological evaluation, in scope as determined the Board and as recommended in the September 18, 2018 neuropsychological evaluation report no sooner than January 1, 2020, but not later than June 1, 2020 scheduled through Board staff. Following receipt of the neuropsychological report, the Board may, in its sole discretion, create, amend, modify, or terminate any condition of Dr. Bobker’s probation.

9) Dr. Bobker must practice in a setting with at least one other licensed physician that is pre-approved by the Board, Board Chair, or Board designee. Dr. Bobker must identify a Physician Monitor within the
medical practice or setting who shall communicate with the Board and Board staff. The Physician Monitor must receive a copy of this Consent Agreement. The Physician Monitor shall respond timely to Board requests for information regarding Dr. Bobker's conduct or practice. The Physician Monitor shall immediately submit a written report to the Board should he or she be made aware of any issues or concerns regarding Dr. Bobker and/or his ability to safely practice medicine.

10) After the expiration of at least five (5) years of probation, Dr. Bobker may request that the Board modify or terminate any condition of probation. Upon receipt of such request, the Board shall review all information, and in its sole discretion, may maintain, modify, or eliminate the requirements of probation.

15. Dr. Bobker acknowledges that while this Consent Agreement together with any amendments is in effect he must directly communicate with the Board or Board staff and has the obligation to respond to any request for information or documentation within the timeframe specified or requested. If providing notice or supplying information to the Board is required by any provision of this Consent Agreement, Dr. Bobker shall provide such notice in writing to Julie Best, Complaint Coordinator, or her successor. Failure to comply with or respond to any request will be considered a violation of this Consent Agreement and unprofessional conduct.

16. The duration of any probationary period shall be tolled for: a) any absence from the state that is in excess of thirty (30) continuous days; b) any
absence from the state that is in excess of sixty (60) aggregate days in a single year; c) any period in which Dr. Bobker does not hold an active Maine license. Dr. Bobker shall inform the Board in writing in advance of any absence from the state specified above.

17. Any conduct of Dr. Bobker described herein may be considered in future Board action(s) as evidence of a pattern of misconduct.

18. This Consent Agreement is not appealable and is effective until modified or rescinded in writing by the parties hereto.

19. The Board and the Department of the Attorney General may communicate and cooperate regarding Dr. Bobker or any other matter relating to this Consent Agreement.

20. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

21. This Consent Agreement constitutes discipline and is an adverse licensing action that is reportable to the National Practitioner Data Bank (NPDB), the Federation of State Medical Boards (FSMB), and other licensing jurisdictions.

22. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto. If any clause of this Consent Agreement is deemed illegal or invalid, then that clause shall be deemed severed from this Consent Agreement.
23. Dr. Bobker acknowledges by his signature hereto that he has read this Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Consent Agreement, that he executed this Consent Agreement of his own free will and that he agrees to abide by all terms and conditions set forth herein.

24. Dr. Bobker has been represented by Kenneth W. Lehman, Esq., who has participated in the negotiation of the terms of this Consent Agreement.

25. For the purposes of this Consent Agreement, the term “execution” means the date on which the final signature is affixed to this Interim Consent Agreement.
I, DANIEL BOKKER, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS CONSENT AGREEMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: 1/7/19

DANIEL BOKKER, M.D.

STATE OF Maine
Cumberland S.S.

Personally appeared before me the above-named Daniel Bobker, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

DATED: 1/7/19

AMANDA RICHARDS
NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS

DATED: January 7, 2019

KENNETH W. LEHMAN, Esq.
Counsel for Daniel Bobker, M.D.
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 11/15

MAROULLA S. CLEATON, M.D., Chair

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: January 5, 2019

MICHAEL MILLER
Assistant Attorney General

Effective Date: January 8, 2019
DATE: JANUARY 2, 2018
TO: BOARD MEMBERS
CC:
FROM: TIMOTHY TERRANOVA
RE: LICENSING STATUS REPORT AND LISTS

The following information is included:

A summary of all new licenses granted in December 2018 by license type (88);

A list of all individuals granted a new license in December 2018 by license type;

A summary of all pending applications by license type (144);

A list of online vs. paper renewals in December 2018 by license type (92.19%);

The number of licenses expired December 31, 2018 (32)

The number of licenses lapsed for date 9/30/2018 (24); and

The list of licenses withdrawn in December 2018 (6).

In addition, the overall licensing statistics include:

The number of active MD licenses (not including EC) January 2, 2019 (6,134);

The number of active MD licenses with a Maine address (not including EC) on January 2, 2019 (3,463);

The number of active PA/PAN licenses on January 2, 2019 (886);

The number of active PA/PAN licenses with a Maine address on January 2, 2019 (802); and

The number of licenses pending renewal on January 2, 2019 (36).

We look forward to your feedback.
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**Summary by License Status**

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