I. Call to Order ..............................................................................................................................1

II. Complaints
1. Letters of Guidance....................................................................................................................2
   a. CR12-153 David B. Inger, M.D. ..........................................................................................2
   b. CR12-201 Arthur Blake, M.D. ..........................................................................................2
   c. CR12-221 Barry L. Campbell, P.A.-C. ...............................................................................2
   d. CR13-125 Robert G. Carpenter, M. D. ............................................................................2
2. CR12-172 .....................................................................................................................................2
3. CR13-161 .....................................................................................................................................2
4. CR13-109 .....................................................................................................................................2
5. CR13-143 .....................................................................................................................................3
6. CR13-151 .....................................................................................................................................3
7. CR13-131 .....................................................................................................................................3
8. CR13-144 .....................................................................................................................................3-4
9. CR13-145 .....................................................................................................................................4
10. CR13-167 .....................................................................................................................................4
11. CR13-83 .....................................................................................................................................4
12. CR13-96 .....................................................................................................................................4
13. CR13-132 .....................................................................................................................................5
14. CR13-133 .....................................................................................................................................5
15. CR13-147 .....................................................................................................................................5
16. CR13-163 .....................................................................................................................................5
17. CR13-165 .....................................................................................................................................5-6
18. CR13-176 .....................................................................................................................................6
19. CR13-178 .....................................................................................................................................6
20. CR13-179 .....................................................................................................................................6-7
21. CR13-180 .....................................................................................................................................7
22. CR13-189 .....................................................................................................................................7
23. CR13-170 .....................................................................................................................................7
24. CR13-105 .....................................................................................................................................7

III. Assessment and Direction
25. AD13-203 .....................................................................................................................................7
26. AD13-208 .....................................................................................................................................7
27. Intentionally Left Blank
28. Intentionally Left Blank
29. Complaint Status Report (FYI)
30. Consumer Assistant Feedback (FYI)
31. Physician Feedback (FYI)
IV. Informal Conference(s)
A. CR13-49
B. CR13-33

V. Minutes of November 12, 2013

VI. Board Orders and Consent Agreement Monitoring and Approval
A. Board Orders (None)
B. Consent Agreement Monitoring and Approval
   1. Andrew J. Fletcher, M.D.
   2. Kevin M. Kendall, M.D.
   3. Nelson Meeker, P.A.-C
   4. Patrick S. Carson, P.A.-C

VII. Adjudicatory Hearing (None)

VIII. Remarks of Chairman (None)

IX. Executive Director’s Monthly Report
A. Complaint Status Report (FYI)
B. Power Point Presentation USMLE (FYI)

X. Medical Director’s Report (None)

XI. Remarks of Assistant Attorney General (None)

XII Secretary’s Report
A. List A
   1. M.D. List A Licenses for Ratification
   2. P.A. List A Licenses for Ratification
B. List B Applications for Individual Consideration
   1. Joan S. Elkins, M.D.
   2. Hil Rizvi, M.D.
   3. Sonia Masse, P.A.
C. List C Applications for Reinstatement
   1. List C Applications for Reinstatement
   2. List C Applications for Reinstatement for Individual Consideration (None)
D. List D Withdrawals
   1. List D (1) Withdraw License Application
      a. Mark K. Detweiler, M.D.
   2. List D (2) Withdraw License from Registration
   3. List D (3) Withdraw License from Registration - Individual Consideration (None)
E. List E Licenses to lapse by operation of law (FYI)
F. List F Licensees requesting to convert to active status (None)
G. List G Renewal applications for review
   1. David Burdette, M.D.
H. List H. Physician Assistant Schedule II Authority Requests for Ratification
   1. Applications to Renew Schedule II Authority (None)
   2. Applications for New Schedule II Authority

XIII. Standing Committee Reports
A. Administration, Policy, and Rules Committee
   1. Policy Review USMLE Administration Contracts
   2. Policy Review USMLE Step 3 Eligibility Post Grad Training
   3. Policy Review Withdrawal of Application for Licensure
B. Public Information Committee (FYI)
C. Physician Assistant Advisory Committee (FYI)

XIV. Board Correspondence (None)
XV. FSMB Material (None)
XVI. Adjournment
State of Maine  
Board of Licensure in Medicine  
137 SHS, 161 Capitol Street  
Augusta, Maine 04333-0137  
Minutes of December 10, 2013

Board Members Present  
Maroulla Gleaton, M.D, Chairman  
David D. Jones, M.D., Board Secretary  
David R. Andrews, M.D.  
David H. Dumont, M.D  
Dana Dyer  
David Nyberg, Ph.D.  
Peter J. Sacchetti, M.D.  

Board Staff Present  
Randal C. Manning, Executive Director  
Mark C. Cooper, M.D., Medical Director  
Jean M Greenwood, Administrative Assistant  
Kathryn Levesque, Board Investigator  
Tim Terranova, Consumer Assistant  

Attorney General’s Office Staff  
Dennis Smith, Assistant Attorney General  
Detective James Gioia  

Dr. Barnhart and Ms. Clukey were excused.  
Dr. Jones was excused at 3:00 p.m.

The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S. §405) and 10 M.R.S.A. §8003-B, and 22 M.R.S. § 1711-C). The Board moved, seconded, and voted the following executive session times. During the public session of the meeting, actions are taken on all matters discussed during executive session. Discussions are projected on a screen by PowerPoint projection.

PUBLIC SESSIONS  
9:16 a.m. – 9:17 a.m.  
Call to Order  
10:57 a.m. – 11:20 a.m.  
Complaint Motions  
11:20 a.m. – 11:30 a.m.  
Recess  
12:29 p.m. – 1:03 p.m.  
Noon Recess  
1:03 p.m. – 1:04 p.m.  
Public Session  
2:30 p.m. – 3:34 p.m.  
Public Session  
3:34 p.m.  
Adjournment

EXECUTIVE SESSION  
9:17 A.M. -10:57 a.m.  
Complaints  
11:31 a.m. – 12:29 p.m.  
Informal Conference  
1:04 p.m. – 2:30 p.m.  
Informal Conference

I. Call to Order

Dr. Gleaton called the meeting to order at 9:16 a.m.

A. Amendments to Agenda (None)
B. Scheduled Agenda Items

1. Informal Conference(s)
   a. 11:00 a.m. CR13-49
   b. 1:00 p.m. CR13-33

Executive Session

II. Complaints

1. Letters of Guidance
   a. CR12-153 David B. Inger, M.D.
      Dr. Gleeton moved to approve the letter of guidance to Dr. Inger. Dr. Nyberg seconded the motion, which passed unanimously.
   b. CR12-201 Arthur Blake, M.D.
      Dr. Andrews moved to approve the letter of guidance to Dr. Blake. Dr. Jones seconded the motion, which passed unanimously.
   c. CR12-221 Barry L. Campbell, P.A.-C.
      Dr. Andrews moved to approve the letter of guidance to Mr. Campbell. Dr. Nyberg seconded the motion, which passed 6-0-0-1 with Dr. Andrews recused.
   d. CR13-125 Robert G. Carpenter, M.D.
      Dr. Gleeton moved to approve the letter of guidance to Dr. Carpenter. Dr. Dumont seconded the motion, which passed unanimously.

2. CR12-172
   Dr. Dumont moved to investigate further CR12-172. Dr. Jones seconded the motion, which passed 6-0-0-1 with Dr. Andrews recused.

3. CR13-161
   Dr. Andrews moved to investigate further CR13-161. Dr. Jones seconded the motion, which passed unanimously.

4. CR13-109
   Dr. Andrews moved to investigate further CR13-109. Dr. Jones seconded the motion, which passed unanimously.
5. CR13-143

Dr. Sacchetti moved to dismiss CR13-143. Dr. Dumont seconded the motion, which passed 6-0-0-1 with Dr. Gleaton recused.

The complainant claims that her elderly mother’s primary care physician refused to perform a PAP smear and overlooked symptoms related to a vulvar lesion. The physician contends that the patient never expressed any complaints to warrant a genital or pelvic exam and did not qualify for cervical screening based on age. The serendipitous finding of a vulvar lesion by another provider resulted in the complainant drawing certain false assumptions about her mother’s antecedent care. The records show that the physician was dutiful and rigorous in the comprehensive management of this challenging patient. The physician was following appropriate cervical screening guidelines and had no clinical reason to deviate from them based on the limited history provided.

6. CR13-151

Dr. Andrews moved to dismiss CR13-151. Mr. Dyer seconded the motion, which passed 6-0-0-1 with Dr. Gleaton recused.

The patient alleges substandard care consisting of medical mismanagement, lack of informed consent, unprofessional behavior, unauthorized sharing of health information, and failure to comply with requests to amend her medical record. In a detailed response, the physician denied these allegations and stated that he had provided sound and professional medical care of the patient’s problems. The record revealed the patient to have several conditions whose management elements were often in conflict. The patient was intolerant of numerous medications, some of which were essential to the treatment of a serious condition. The physician was diligent in his care. The coordination of numerous consultants was a challenge to the office. The patient presented behavioral complications due to her medical condition that posed further significant challenges to the physician and his staff. Medical documentation was thorough and did not support the patient's allegations.

7. CR13-131

Dr. Dumont moved to investigate further CR13-131. Dr. Andrews seconded the motion, which passed 6-0-0-1 with Dr. Sacchetti recused.

8. CR13-144

Dr. Nyberg moved to dismiss CR13-144. Mr. Dyer seconded the motion, which passed 6-0-0-1 with Dr. Gleaton recused.

The patient complains that her broken finger was not treated correctly, and the PA who treated her had a dismissive tone or attitude. The records show that the PA’s supervising physician and a subsequent second opinion from a hand surgeon corroborate the diagnosis and treatment, with
the addition of a splint adjustment suggested by the second physician. This type of injury often will not heal completely due to scar tissue that builds up in the joint. The PA could have done a better job of explaining this to the patient at the outset. The PA does not have any record of being dismissive and it is not possible to say whether he appeared so in this case. It is clear that the patient is very sensitive to precise wording and phrasing used in discussion of her injury and its treatment, and is dissatisfied with the outcome. The PA acknowledges this in his response and apologizes for his part in the miscommunication of his concern for the patient and of the likelihood of incomplete healing in the long term.

9. CR13-145

Dr. Nyberg moved to dismiss CR13-145. Dr. Andrews seconded the motion, which passed 6-0-0-1 with Dr. Gleeton recused.

The gist of this complaint is that the PA who treated the patient’s broken finger was not properly supervised by the responsible physician. The record shows the physician was involved directly and contemporaneously with the PA’s initial diagnosis, medical reasoning, treatment plan, and follow-up appointments. He worked closely with the PA on this case.

10. CR13-167

Dr. Dumont moved to investigate further CR13-167. Dr. Jones seconded the motion, which passed 6-0-0-1 with Dr. Andrews recused.

11. CR13-83

Dr. Andrews moved to dismiss CR13-83. Mr. Dyer seconded the motion, which passed unanimously.

The patient complains her Independent Medical Exam physician elicited significant pain in his conduct of a spinal examination, and that he left her alone on the examination table at the conclusion of the exam. The physician describes his examination as routine and denies that he left the patient alone on the table. He informs his patients that his exams may elicit pain. As per guidance from his professional literature, he responds that he has no duty to report pain with a diagnostic maneuver because the test is negative. Review of records shows a multi-system examination, but no report of any pain complaints during the exam. The physician met his obligations set within the parameters of an Independent Medical Exam, which are restrictive.

12 CR13-96

Dr. Dumont moved to dismiss CR13-96. Dr. Jones seconded the motion, which passed unanimously.

This is a complaint by the mother of a teenager who was concerned about the apparent sluggishness of her daughter’s cardiac evaluation. In addition, the mother was concerned about the testing, treatment choices, and the office’s lack of response to phone calls.
Review of the record and the physician’s response show a thorough medical evaluation limited by the inherent long delays in obtaining genetic testing results. Treatment choices were appropriate. It appears that discussions about medical decision-making might not have satisfied the family and the physician did not seem to recognize this. However, the physician erred on the side of caution to protect the teenager, as he should do.

13. CR13-132

Dr. Gleaton moved to dismiss CR13-132. Mr. Dyer seconded the motion, which passed unanimously.

An inmate complained about the medical care he received from an assigned physician assistant. He was concerned about the changes in the medication regimen for the treatment of his mental health issues. Review of the records indicates the physician assistant was following prison medication protocols, ordered appropriate monitoring for benzodiazepine tapering (the inmate did not fully cooperate), and took reasonable care of the patient. The mental health providers did not see the patient as timely as would have been desirable; however, the physician assistant intervened and tried to expedite this.

14 CR13-133

Dr. Gleaton moved to dismiss CR13-133. Dr. Jones seconded the motion, which passed unanimously.

An inmate complained about a physician assistant’s supervising physician who was not involved in the direct care of the patient. He monitors the physician assistant by reviewing random records on a monthly basis. The physician feels that the physician assistant in this complaint rendered appropriate care and the record supports his judgment.

15. CR13-147

Dr. Dumont moved to hold an Informal Conference in the matter of CR13-147. Dr. Jones seconded the motion, which passed unanimously.

16. CR13-163

Mr. Dyer moved to dismiss CR13-163. Dr. Sacchetti seconded the motion, which passed unanimously.

The patient complains the doctor prescribed certain medicines and then stopped those medicines. The doctor no longer has access to this patient’s medical records to respond to this complaint. The patient has not provided authorization to release his medical records for the Board’s review.

17. CR13-165
Mr. Dyer moved to dismiss CR13-165. Dr. Jones seconded the motion, which passed unanimously.

The complainant files as the husband of a patient treated by this doctor. The doctor describes his knowledge base, experiences, and adherence to state and federal mandated guidelines. No authorization was provided to review the patient’s medical records, so the Board has insufficient information to proceed.

18. CR13-176

Dr. Jones moved to dismiss CR13-176. Dr. Nyberg seconded the motion, which passed unanimously.

The patient’s son states that the physician was involved in a medicine error at his father’s nursing home that hastened his father’s death. The complainant also states that he has been blocked from obtaining the nursing home records of his father’s care.

Review of the record does not support the allegation of this doctor’s complicity in the medicine error. The medicine error was the responsibility of the nursing home. This medicine error most likely was neither the cause nor a significant contribution to this hospice patient’s death.

The physician does not control the nursing home records. He apologizes to the son for any misperception of comments that he may have made to the nursing staff.

19. CR13-178

Dr. Nyberg moved to dismiss CR13-178. Mr. Dyer seconded the motion, which passed unanimously.

The patient alleges the physician did not treat him appropriately when he was escorted to the emergency department by the local police, and the physician entered wrong information in his chart that led to an involuntary admission. The physician determined the patient was experiencing an acute exacerbation of an illness that warranted transfer to the appropriate department for evaluation. That evaluation led to involuntary admission for treatment.

20. CR13-179

Dr. Nyberg moved to dismiss CR13-179. Dr. Andrews seconded the motion, which passed unanimously.

The patient alleges the physician was wrong in helping to determine he met criteria for involuntary admission. The physician did not evaluate the patient personally, but did countersign a consultation note about the patient’s medical condition generated by another provider in the department. He agreed with the provider that the patient did not have any acute medical issues that might account for his mental condition.
21. CR13-180

Dr. Nyberg moved to dismiss CR13-180. Mr. Dyer seconded the motion, which passed unanimously.

The patient alleges the physician inappropriately caused him to be involuntarily admitted. The physician did not play a role in that process but did concur with it the following day. He then worked with the patient to change his status to voluntary admission.

22. CR13-189

Mr. Dyer moved to dismiss CR13-189. Dr. Jones seconded the motion, which passed unanimously.

The complainant objects to limitations placed on his liberty in a hospital setting. He has a long history of criminal behavior for which he is committed in the state correctional system. As a result of significant emotional and behavioral issues while committed, he has been confined in a psychiatric hospital prior to returning to the state correctional system. The doctor’s response is appropriate in order to protect the patient, other patients, and the hospital staff.

23. CR13-170

Dr. Andrews moved to offer a consent agreement with instructions to the Assistant Attorney General in the matter of CR13-170. Dr. Dumont seconded the motion, which passed 5-1-0-1 with Dr. Jones recused.

24. CR13-105

Dr. Dumont moved to investigate further CR13-105. Dr. Sacchetti seconded the motion, which passed 6-0-0-1 with Dr. Gleaton recused.

III. Assessment and Direction

25. AD13-203

Dr. Dumont moved to file AD13-203. Dr. Nyberg seconded the motion, which passed unanimously.

26. AD13-208

Dr. Jones moved to file AD13-208. Dr. Dumont seconded the motion, which passed unanimously.

27. Intentionally Left Blank
28. Intentionally Left Blank
29. Complaint Status Report (FYI)
30. Consumer Assistant Feedback (FYI)
31. Physician Feedback (FYI)

IV. Informal Conference(s)

A. CR13-49

Dr. Andrews moved to dismiss CR13-49. Dr. Jones seconded the motion, which passed unanimously.

The Board’s complaint against the anesthesiologist was initiated after receiving mandatory notification that she had resigned her brief employment while under a Focused Professional Practice Evaluation (FPPE) subsequent to staff complaints. The doctor responded that her medical care was appropriate and within the standard of care. Review of staff complaints raised concerns for communication problems and clinical decision-making. There were no patient complaints. The physician appeared at informal conference at which she revealed she had never been informed of the FPPE. She presented herself as a well-spoken, introspective physician who conducted herself in the best interests of her patients. All questions from the Board were answered directly, and there were no concerns about patient care. Although she admitted that she could have spoken more clearly in some situations, there was convincing testimony that there was also ample room for improved communication on the part of her employer and colleagues. Cultural factors may have also contributed to the perceived conflicts.

B. CR13-33

Dr. Jones moved to investigate further CR13-33. Mr. Dyer seconded the motion, which passed 6-0-0-1 with Dr. Sacchetti recused.

Public Session

V. Minutes of November 12, 2013

Dr. Dumont moved to approve the corrected minutes of November 12, 2013. Dr. Jones seconded the motion, which passed unanimously.

VI. Board Orders and Consent Agreement Monitoring and Approval

A. Board Orders (None)

B. Consent Agreement Monitoring and Approval

1. Andrew J. Fletcher, M.D.
Dr. Nyberg moved to approve termination of Dr. Fletcher’s consent agreement and transition to the MPHP Senior Monitoring Program. Dr. Andrews seconded the motion, which passed 4-0-0-2 with Dr. Jones and Dr. Dumont recused.

2. Kevin M. Kendall, M.D.

Dr. Dumont moved to approve Dr. Kendall’s new employment plan with clarification of the hourly restrictions: a maximum of 27 clinical hours, plus additional administrative hours not to exceed a combined total of 40 hours per week. Dr. Nyberg seconded the motion, which passed unanimously.

3. Nelson Meeker, P.A.-C

Dr. Jones moved to amend Mr. Meeker’s Consent Agreement to give him an additional six months to complete the required CME course, but he must show proof of registration for the course within 30 days. Dr. Nyberg seconded the motion, which passed unanimously.

4. Patrick S. Carson, P.A.-C

Dr. Jones moved to amend Mr. Carson’s Consent Agreement to comply with his employer’s insurance company’s restrictions regarding where he can get his prescriptions filled. Mr. Dyer seconded the motion, which passed unanimously.

VII. Adjudicatory Hearing (None)

VIII. Remarks of Chairman (None)

IX. Executive Director’s Monthly Report

The Board accepted the report of the Executive Director.

A. Complaint Status Report (FYI)

B. Power Point Presentation USMLE (FYI)

X. Medical Director’s Report (None)

XI. Remarks of Assistant Attorney General (None)

XII Secretary’s Report

A. List A

1. M.D. List A Licenses for Ratification
Dr. Jones moved to ratify the physicians on M.D. List A, which has been approved by staff and Board Secretary David Jones, M.D. Dr. Dumont seconded the motion, which passed unanimously.

The following license applications have been approved by staff and Board Secretary David Jones, M.D. without reservation:

<table>
<thead>
<tr>
<th>NAME</th>
<th>SPECIALTY</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahce-Altuntas, Asena</td>
<td>Internal Medicine</td>
<td>Waterville</td>
</tr>
<tr>
<td>Batlle III, Oscar R.</td>
<td>Ophthalmology</td>
<td>Bangor</td>
</tr>
<tr>
<td>Baumgart, Egbert D.</td>
<td>Urology</td>
<td>York</td>
</tr>
<tr>
<td>Chandra, Himi</td>
<td>Internal Medicine</td>
<td>Kittery</td>
</tr>
<tr>
<td>Dehaas, Sherri L.</td>
<td>Family Medicine</td>
<td>Not Listed</td>
</tr>
<tr>
<td>Hagopian, Benjamin P.</td>
<td>Family Practice</td>
<td>Portland</td>
</tr>
<tr>
<td>Krebs, Stephen R.</td>
<td>Internal Medicine</td>
<td>Windham</td>
</tr>
<tr>
<td>Mehl-Madrona, Lewis</td>
<td>Psychiatry</td>
<td>Augusta</td>
</tr>
<tr>
<td>Mitchell, Thomas M.</td>
<td>Orthopedic Surgery</td>
<td>Rockport</td>
</tr>
<tr>
<td>Mohamed, Mohamed M.</td>
<td>Internal Medicine</td>
<td>Waterville</td>
</tr>
<tr>
<td>Palka, Tamara</td>
<td>Psychiatry</td>
<td>Portland</td>
</tr>
<tr>
<td>Roberts, Ellen C.</td>
<td>Surgery</td>
<td>Rumford</td>
</tr>
<tr>
<td>Shaderowski, Paul D.</td>
<td>Diagnostic Radiology</td>
<td>Ellsworth</td>
</tr>
<tr>
<td>Shah, Heidi G.</td>
<td>Family Medicine</td>
<td>Portland</td>
</tr>
<tr>
<td>Spencer, Nicole J.</td>
<td>Neurology</td>
<td>Waterville</td>
</tr>
<tr>
<td>Tahilramani, Reena N.</td>
<td>Surgery</td>
<td>Bangor</td>
</tr>
<tr>
<td>Villars, Jean Frederick</td>
<td>Psychiatry</td>
<td>Waterville</td>
</tr>
</tbody>
</table>

2. P.A. List A Licenses for Ratification

Dr. Jones moved to ratify the physician assistants on P.A List A for licensure. Dr. Andrews seconded the motion, which passed unanimously.

The following Physician Assistant license applications have been approved by Board Secretary David Jones, M.D. without reservation:

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE</th>
<th>PSP</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vincent Gandolfo, P.A.-C</td>
<td>Inactive</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Tiffany Leach, P.A.-C</td>
<td>Inactive</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Susan Royster, P.A.-C</td>
<td>Inactive</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Kathleen Wilson, P.A.-C</td>
<td>Inactive</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

B. List B Applications for Individual Consideration

1. Joan S. Elkins, M.D.

The Licensure Committee moved to approve the license application of Joan S. Elkins, M.D. The motion passed unanimously.
2. Hil Rizvi, M.D.
   
The Licensure Committee moved to investigate further the license application of Hil Rizvi, M.D. The motion passed unanimously.

3. Sonia Masse, P.A.
   
The Licensure Committee moved to allow Ms. Masse’s temporary license to expire on December 22, 2013.

C. List C Applications for Reinstatement

1. List C Applications for Reinstatement
   
   Dr. Jones moved to ratify approval of the reinstatement applications for the physicians on List C. Dr. Dumont seconded the motion, which passed unanimously.

   The following license reinstatement applications have been approved by staff and Chairman Maroulla Gleaton, M.D., in the Board Secretary’s absence, without reservation:

<table>
<thead>
<tr>
<th>NAME</th>
<th>SPECIALTY</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karn, Cielette M.</td>
<td>Pathology</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Michaels, Michael J.</td>
<td>Urology</td>
<td>York</td>
</tr>
<tr>
<td>Watts, Michael A.</td>
<td>Emergency Medicine</td>
<td>York</td>
</tr>
</tbody>
</table>

2. List C Applications for Reinstatement for Individual Consideration (None)

D. List D Withdrawals

1. List D (1) Withdraw License Application
   
   a. Mark K. Detweiler, M.D.

   The Licensure Committee moved to allow Dr. Detweiler leave to withdraw his license application. The motion passed unanimously.

2. List D (2) Withdraw License from Registration

 Dr. Jones moved to approve the physicians on List D (2) to withdraw their licenses from registration.

 The following physicians have applied to withdraw their licenses from registration:
3. List D (3) Withdraw License from Registration - Individual Consideration (None)

E. List E Licenses to lapse by operation of law (FYI)

The following physician licenses lapsed by operation of law effective November 07, 2013.

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campbell, Diane</td>
<td>MD12384</td>
</tr>
<tr>
<td>Ceamitru, Dragos</td>
<td>MD18949</td>
</tr>
<tr>
<td>Deering, Shad</td>
<td>MD16603</td>
</tr>
<tr>
<td>Hirshberg, Milton</td>
<td>MD11454</td>
</tr>
<tr>
<td>Hromanik, Michael</td>
<td>MD18788</td>
</tr>
<tr>
<td>Jackson, Allen</td>
<td>MD18834</td>
</tr>
<tr>
<td>Manasseh, Petrona</td>
<td>MD19437</td>
</tr>
<tr>
<td>Morton, David</td>
<td>MD17955</td>
</tr>
<tr>
<td>Mroz, Frank</td>
<td>MD11124</td>
</tr>
<tr>
<td>Ning, Ming Ming</td>
<td>MD18817</td>
</tr>
<tr>
<td>Norris, William</td>
<td>MD18809</td>
</tr>
<tr>
<td>Peacock, Lawrence</td>
<td>MD19239</td>
</tr>
<tr>
<td>Smolkin, Matthew</td>
<td>MD18872</td>
</tr>
<tr>
<td>Stovall, Charisse</td>
<td>MD18393</td>
</tr>
</tbody>
</table>

F. List F Licensees requesting to convert to active status (None)

G. List G Renewal applications for review

1. David Burdette, M.D.

   The Licensure Committee moved to investigate further the renewal application of David Burdette, M.D. The motion passed unanimously.

H. List H. Physician Assistant Schedule II Authority Requests for Ratification

1. Applications to Renew Schedule II Authority (None)

2. Applications for New Schedule II Authority
Dr. Jones moved to ratify approval of the physician assistants below for new Schedule II prescribing authority. Dr. Nyberg seconded the motion, which passed unanimously.

The following new requests for Schedule II prescribing authority have been approved by Board Secretary David Jones, M.D.

<table>
<thead>
<tr>
<th>NAME</th>
<th>PSP</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Harvey, P.A.-C</td>
<td>Lawrence Smith, M.D.</td>
<td>Bangor</td>
</tr>
<tr>
<td>Todd Chisholm, P.A.-C</td>
<td>Mark Overton, M.D.</td>
<td>Fort Kent</td>
</tr>
<tr>
<td>Kristen Sprague, P.A.-C</td>
<td>Paul Ronco, II, M.D.</td>
<td>Bangor</td>
</tr>
<tr>
<td>Michael Schwarz, P.A.-C</td>
<td>Chad Wotkowicz, M.D.</td>
<td>York</td>
</tr>
</tbody>
</table>

XIII. Standing Committee Reports

A. Administration, Policy, and Rules Committee

1. Policy Review USMLE Administration Contracts

   Dr. Dumont moved to reaffirm the USMLE Administration Contracts policy. Dr. Nyberg seconded the motion, which passed unanimously.

2. Policy Review USMLE Step 3 Eligibility Post Grad Training

   Dr. Dumont moved to reaffirm the USMLE Step 3 Eligibility Post Grad Training policy. Dr. Nyberg seconded the motion, which passed unanimously.

3. Policy Review Withdrawal of Application for Licensure

   Dr. Andrews moved to reaffirm the Withdrawal of Application for Licensure Policy. Dr. Sacchetti seconded the motion, which passed unanimously.

B. Public Information Committee (FYI)
C. Physician Assistant Advisory Committee (FYI)

XIV. Board Correspondence (None)
XV. FSMB Material (None)
XVI. Adjournment

Respectfully submitted,

Jean M. Greenwood
Administrative Assistant