



Paul R. LePage
GOVERNOR

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0137

Maroulla S. Gleaton, MD
CHAIRMAN

Randal C. Manning, M.B.A.
EXECUTIVE DIRECTOR

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED
AND FIRST CLASS U.S. MAIL
7014 0150 0000 7911 6059**

October 3, 2014

Mohammad Aljanaby, M.D.
75 Laird Drive
Bristol, CT 06010

RE: Notice of Final Denial of Application for Licensure

Dear Dr. Aljanaby:

I am writing to you in my capacity as Assistant Executive Director of the Maine Board of Licensure in Medicine ("Board"), and in follow-up to your application for medical licensure in the State of Maine.

On August 8, 2014, the Board sent you a letter by First Class U.S. Mail informing you of the Board's decision to preliminarily deny your application for a Maine medical license based upon allegations of misconduct filed by patients. In that letter, you were notified of the opportunity to request an appeal of that preliminary decision by sending a written request to the board within 30 days of your receipt of the notice of preliminary denial and requesting a hearing. According to the records of the Board, you never filed a written request appealing the Board's preliminary decision or requesting a hearing.

Since the MBOLIM did not receive a written request from you for a hearing, this letter is notification that the Board's decision to preliminarily deny your application for a Maine medical license is now final and reportable to all appropriate data banks.

Sincerely,

Timothy Terranova
Assistant Executive Director

Cc: Dennis E. Smith, AAG



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CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7014 0150 0000 7911 4253
August 8, 2014

Mohammad Salman Aljanaby, M.D.
75 Laird Drive
Bristol, CT 06010

RE: Notice of Preliminary Denial of License Application

Dear Dr Aljanaby:

This letter is formal notice that on March 11, 2014, the Maine Board of Licensure in Medicine voted to preliminarily deny your application for permanent licensure, dated July 18, 2012, and received on July 24, 2012, based upon:

1. Your failure to successfully pass Step 3 of the United States Medical Licensing Examination (USMLE) within three (3) attempts.
2. Information received from MaineGeneral Medical Center (MGMC) reporting alleged incidents of unprofessional conduct involving female patients during your locum tenens assignment at MGMC between July 16, 2012 and August 30, 2012. MGMC reported receiving complaints from four (4) female patients alleging inappropriate behavior and/or statements and which were more fully described in Board Complaint CR13-129.

The foregoing information constitutes grounds for the denial of licensure pursuant to the following Board statutes and rules:

1. 32 M.R.S. § 3271(3) – “Each applicant must achieve a passing score on each component of the uniform examination of the Federation of State Medical Boards or other examinations designated by the board as the qualifying examination or examinations for licensure.”
2. Board Rules, Chapter 1, Section 2(1) – “Examinations”
 - A. To qualify for medical licensure the candidate must attain passing scores on each examination in one of the following examination sets separately or in a combination specified in the United States Medical Licensing Exam (USMLE) instructions:

1. United States Medical Licensing Examination (USMLE); which includes step 1, step 2, step 2C (clinical skills with standardized patients), and step 3.
 2. Federation Licensing Examination (FLEX);
 3. National Board of Medical Examiners (NBME).
3. 32 M.R.S. § 3271(5) - **Board action.** An applicant may not be licensed unless the board finds that the applicant is qualified and no cause exists, as set forth in section 3282-A, that may be considered grounds for disciplinary action against a licensed physician or surgeon.
 4. 32 M.R.S. §3282-A(2)(F) – Unprofessional conduct. A licensee is considered to have engaged in unprofessional conduct if the licensee violates a standard of professional behavior, including engaging in disruptive behavior, that has been established in the practice for which the licensee is licensed. For purposes of this paragraph, "disruptive behavior" means aberrant behavior that interferes with or is likely to interfere with the delivery of care.
 5. 32 M.R.S. §3282-A(2)(E) - Incompetence in the practice for which the licensee is licensed. A licensee is considered incompetent in the practice if the licensee has:(1) Engaged in conduct that evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client or patient or the general public; or (2) Engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice for which the licensee is licensed;
 6. 32 M.R.S. §3282A(2)(H) – A violation of this chapter or a rule adopted by the Board; specifically Chapter 10: Sexual Misconduct. "Physician/physician assistant sexual misconduct" is behavior that exploits the physician/physician assistant-patient relationship in a sexual way. This behavior is nondiagnostic and/or nontherapeutic, may be verbal or physical, and may include expressions or gestures that have a sexual connotation or that a reasonable person would construe as such. Sexual misconduct is considered incompetence and unprofessional conduct as defined by 32 M.R.S.A §2591-A(2) and 32 M.R.S.A. §3282 -A(2).

There are two levels of sexual misconduct: sexual violation and sexual impropriety. Behavior listed in both levels may be the basis for disciplinary action.

A. "Sexual violation" is any conduct by a physician/physician assistant with a patient that is sexual or may be reasonably interpreted as sexual, even when initiated by or consented to by a patient, including but not limited to:

4. kissing in a sexual manner (e.g. - french kissing);

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Mohammad Salman Aljanaby, M.D.

August 8, 2014

5. any touching of a body part for any purpose other than appropriate examination, treatment, or comfort, or where the patient has refused or has withdrawn consent.

B. "Sexual impropriety" is behavior, gestures, or expressions by the physician/physician assistant that are seductive, sexually suggestive, or sexually demeaning to a patient, including but not limited to:

1. kissing;
6. using the physician/physician assistant-patient relationship to solicit a date or initiate romantic relationship.

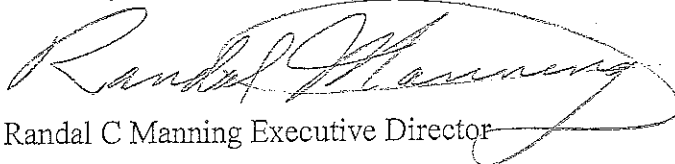
You may appeal the Board's decision to preliminarily deny your application by sending a written request for an adjudicatory hearing to the Board within thirty (30) days of your receipt of this notice of preliminary denial. If you file a timely request for an adjudicatory hearing, it will be scheduled at a later date. **If you fail to file a written request with the Board for an adjudicatory hearing within thirty (30) days of your receipt of this notice of preliminary denial, the preliminary denial will become final.**

A final denial of licensure is a reportable action to all appropriate healthcare data banks.

All adjudicatory hearings are public and are conducted pursuant to the Maine Administrative Procedures Act. At the hearing you will have the right to present evidence and witnesses, cross-examine Board witnesses, and make arguments in support of your application. As an applicant for licensure, you will have the burden of proving to the Board that you are qualified for a medical license and that no grounds exist for the denial of your application. You have the right to be represented by legal counsel at your expense.

If you have any questions or comments, please feel free to contact me at the telephone number listed.

Sincerely,



Randal C Manning Executive Director

cc: Dennis Smith, AAG